

CHILDREN AND FAMILIES COMMISSION
OF
SANTA BARBARA COUNTY

Strategic Plan for 2000–2003



Children and Families Commission
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Executive Summary

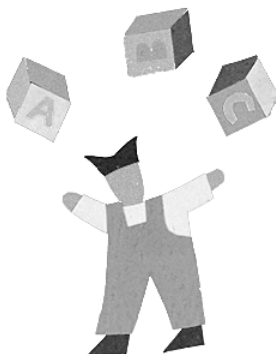
The Children and Families Commission of Santa Barbara County was established in February 1999 in concert with the passage of Proposition 10 by the voters of the State of California in November 1998. The purpose of this act is to support children prenatal to age 5 by creating a comprehensive and integrated system of information and services to promote early childhood development.

The Commission began immediately to establish its role in addressing the needs of children from prenatal to age 5 and their families and caregivers. The following are the vision, mission and value statements developed by the Commission to be used in preparing this strategic plan.

Our Vision

Children in every community of Santa Barbara County will thrive in safe, supportive, nurturing, and loving environments; enter elementary school as healthy, active learners; develop resilience; and become productive, well-adjusted members of society.

Current research indicates that the social, emotional, physical, and intellectual environment that a child experiences during prenatal to 5 years of age profoundly influences how a child will function in school and later in life. Integrated services including, but not limited to, health care, quality child care, parent education, and effective neglect and abuse prevention programs for children and families at risk, will provide parents and caregivers with the tools necessary to foster secure, healthy, and nurturing environments. The Commission will develop accountability and performance measurements to ensure that the desired outcomes for early childhood are achieved.



Our Mission

The Santa Barbara County Children and Families Commission is committed to improving the lives of young children and their families through countywide comprehensive, integrated systems of early childhood development services.

Our Values

The Children and Families Commission's work and decision making are guided by mutually agreed upon values. The Commission:

- ◆ Develops a county-wide environment where children are safe
- ◆ Provides support to parents and all other caregivers of children in parenting
- ◆ Strengthens opportunities for all children and families by facilitating community involvement in identifying needs and innovative solutions
- ◆ Respects the cultural diversity among us by providing outreach throughout the communities of Santa Barbara County
- ◆ Supports access to services for all families in an environment of support and respect
- ◆ Encourages innovative outreach to socially isolated families
- ◆ Ensures positive outcomes for children and their families by evaluating program impacts on children and families
- ◆ Facilitates community involvement in identifying needs and innovative solutions
- ◆ Supports prevention efforts to reduce the use of tobacco and the effects of second hand smoke on infants and young children
- ◆ Maximizes the percentage of dollars going to direct services in a timely manner
- ◆ Maximizes Commission funds by obtaining other matching grant funds for program enhancement and sustainability
- ◆ Develops and maintains a system of countywide equitable funding
- ◆ Encourages and supports development of each community's capacity to provide integrated services
- ◆ Engages in an ongoing dynamic and evolving strategic planning process to meet the changing needs of our communities



Through review of data provided by a wide range of providers throughout Santa Barbara County, and community outreach meetings held at multiple locations in the county, the Commission developed a number of conclusions that apply to the needs and services for children and families to promote a healthy child, well prepared to enter into school. In summary those conclusions are:

- ◆ Demographic factors — including income, education levels, family structure and language barriers — can have a demonstrated negative impact on the health of the child and his/her preparation for entry into school
- ◆ The need for services outstrips capacity in many areas of the county's communities; there are varying levels of service deficiencies related to child care, early childhood education, health, dental, special needs and parent/caregiver education and information
- ◆ Integration of culturally and linguistically relevant services in a systematic manner could improve the match between needs and capacity throughout the county; data gathering and proper evaluation of that data from both a user and provider point of view must be improved to achieve the improvement desired for young children and their families

Following the assessment of the information from data research, community and service provider input, and the development of the conclusions summarized above, the Commission developed seven strategic objectives to address the needs of children and families for improved health and preparation for entry into school. The objectives were grouped into three categories relating to program improvements, system development and integration and service delivery enhancements. The objectives are as follows:



Program Improvements

Strategic Objective 1: Parent/Caregiver Support & Education for a Healthy and Safe Child

The Commission supports the development of strong parent and caregiver education fostering and supporting the development of knowledge and skills necessary to achieve a healthy child, safe from abuse and neglect from the time of conception to entry into kindergarten.

Strategic Objective 2: Early Care and Education

The Commission supports and participates in the enhancement or expansion of affordable capacity in quality child care for every family with a child in the target age group in every region of the county.

Strategic Objective 3: Health Care, Safety and Wellness

The Commission supports the development of a full range of health services for families with children in the target population to ensure a healthy child at age 5.



System Development and Integration

Strategic Objective 4: Capacity Building and Long Term Sustainability

Programs supported by the Commission will be designed to promote community capacity to provide services and sustain future programs to support strong families, healthy children and children ready to enter elementary school as healthy, active learners at age 5.

Strategic Objective 5: Service Integration

The Commission promotes the building of networks, incentives and, in general, integration of public and private services to families and children in the target population which enhances capacity and ultimate sustainability of necessary services.

Strategic Objective 6: Data Development

The Commission supports the development of a comprehensive reporting system which enhances the consistency and accuracy of information from funded service providers. This system will support better decision making by the Commission and the community regarding needs and capacity for addressing those needs.



Service Delivery Improvements

Strategic Objective 7: Integrated Community Based Family Resources

The Commission supports actions to establish or enhance the quality of integrated community based family resources available to all families in the county, providing a range of information services regarding child and family education and on-site health services to promote a safe, ready to enter elementary school as a healthy, active child.

As the Commission and agencies proceed with the pursuit of these objectives, there are certain principles that will be applied to all activities. Although it has been determined that the issues facing the county are relatively common throughout the different regions, there is a keen sensitivity for the need to ensure each of the programs resulting from achievement of the seven objectives and measured by the performance and outcome indicators:

- 1. serve ethnically, culturally, and linguistically diverse children and families and special needs children and families**
- 2. address geographically and socially isolated communities, and**
- 3. target traditionally under-served/high-need populations.**

There is a priority of streamlining access and the removal of barriers to access, resulting in a coordinated system of services that more effectively meet the needs of young children and their families.



This Plan must be seen as the first of many planning and evaluation steps to developing the best objectives, strategies and indicators of success for all children. There will be continual refinements to the objectives and strategies in order to improve outcomes for children and families. One goal will remain constant – to facilitate the development of safer and healthier children who are better prepared to succeed in school, with the support of a family that is well equipped to foster healthy development.

The Children and Families Commission of Santa Barbara County is committed to serving its target population in an environment that is free of discrimination and sensitive to differences of people working towards the common goal of a children ready to enter elementary school as healthy and active learners, including sensitivity to differences of gender, race, ethnicity, class, age, physical ability, sexual orientation or other life experiences.

The funds from Proposition 10 will be allocated to the three program areas: a) parent/caregiver support and education, b) early care and education, and c) health care, safety and wellness, based on need. It is the intent of the Commission to consider each of the program areas equally when considering allocations. Allocation decisions will be based on proposals submitted in keeping with Requests for Proposals (RFP) issued by the Commission. The Commission will also solicit specific proposals for capacity building in communities that have been traditionally underserved by existing programs, including community based nonprofit organizations with demonstrated grass roots presence in communities with the greatest needs for early childhood development services. As part of the allocation process, the Commission will provide technical assistance to communities and agencies in the development of applications for funding and the development of systems to reflect and account for the results of program activities



Commission Development & Decision-Making

The Children and Families Commission was formed shortly after approval of Proposition 10 by the voters of California in November of 1998. The Act increased the excise taxes on tobacco to provide funds for early childhood development calculated on recorded births in the county. Revenues are to be used to:

- ◆ Create a comprehensive and integrated delivery system of information and services to promote early childhood development from prenatal to age 5.
- ◆ Provide funds to existing community based programs or establishing new programs that focus on parenting education, child health and wellness, early child care and education, and family support services
- ◆ Educate Californians via a statewide multimedia campaign on the importance of early childhood development
- ◆ Provide assistance to pregnant women and parents of young children who want to quit smoking

The specific law governing the use of Proposition 10 funding is included as Attachment 1.

On February 2, 1999 The Santa Barbara County Board of Supervisors adopted Ordinance 4349 establishing the Commission pursuant to Proposition 10 Children and Families First Act of 1998. The first meeting of the Commission was held on April 19, 1999. Commission staff started in May, 1999 and was charged with immediate planning responsibilities. Maximum effort was given to the development of the best possible needs assessment and the gathering of in-person information regarding the needs of the community of children and families throughout Santa Barbara County.

The Commission developed vision, mission and values statements as guides for the strategic planning and allocation processes needed to put the principles of Proposition 10 into action. Those statements can be found in the Executive Summary of this report



Commission Planning Process

The strategic planning process for the Children and Families Commission has evolved through several steps. Initially County statistics were compiled to determine the needs of children and families. Next, community input was solicited from families, caregivers and service providers to gather feedback about strengths and weaknesses of existing services, and desired services currently unavailable.

The Commission set an ambitious timeline for assembly of data and the development of the strategic plan for the first year. The Commission is determined to make every effort to fund implementation of activities by July 1, 2000. Both data gathering and community input had to be designed and completed prior to November. This allowed sufficient time to review the process and its results before planning to improve or alter the services and their delivery. The strategic planning steps are summarized below.

Data Gathering

There is a great deal of county information available regarding services provided to families and children from a number of cooperative agencies dealing with children's issues. The effort of data gathering highlighted the need to develop a common base for both use and prediction of need for services for young children and families. Future efforts will be made to expand culturally competent professional analysis for future planning and funding decisions.

Six categories of information were established for the purposes of developing a picture of services, users and needs in the county. Those categories are as follows:

Demographics — includes data elements for total population, populations of children, family types, parental employment, birth data, ethnicity, language usage, and parental education statistics; whenever possible, the data were presented for different communities throughout the county.

Economic Security — includes data elements for various income breakdowns, poverty levels, public assistance services and users, and housing costs.

Wellness/Health — includes data for prenatal and maternal health, birth weight, risk births, infant mortality, immunization rates, nutrition services, and injury/abuse incidence.

Education — includes data for preschool enrollment, Head Start services, and academic achievement.

Child Care — includes indicators of supply, demand and cost for child care for licensed providers.

Children and Families with Challenges — includes information regarding special education and Tri-Counties Regional Center enrollments and MISC/Mental Health cases; this section also includes numbers of children served in foster care, migrant education and English Language Learners (formerly Limited English Proficient) programs.

The data from each of these categories was evaluated both individually and comparatively, to the extent possible. The information is primarily user based but in many cases can be used to assist in asset assessment (e.g. child care, special needs, child abuse and housing). The data is the most

Figure 1

recent available with regional breakdowns where possible. It was cross-referenced with other data or information from community group input and surveys when appropriate and possible. A subset of available and applicable county information is presented in Attachment 2.

Community Input Process

Commission staff formulated a plan for a series of community meetings and developed survey documents to complement and supplement the existing statistical data. Community meetings, and parent and provider surveys were designed to elicit direct feedback from users or potential users of services to enhance the development of meaningful information regarding needs for children and families.

Over the course of one month, community Family Town Meetings were held in Carpinteria, Santa Barbara, Goleta, Lompoc, Los Alamos, Santa Maria, Guadalupe, Cuyama, and Solvang. Additionally, one Family Town Meeting was held for families with children with special needs. The meetings were planned in coordination with key community agencies. Working with these agencies was instrumental in selecting locations, arranging transportation, outreaching to clients and serving as small group facilitators for the Town Meetings.

The meetings were advertised in schools, church groups, various social service networks as well as the news media. Participants were provided with a light meal and child care services in order to make attendance at the meetings possible. Most meetings were held in the early evening. Each of the sessions was conducted in both English and Spanish to accommodate those participants who might either not understand English or be uncomfortable expressing themselves in other than a native tongue. The meetings were well attended and provided a great deal of perspective on the accessibility of needed services as well as the barriers families encountered in trying to access services. A map of the locations of the Family Town Meetings is shown in Figure 1. The results of the community input are summarized in Attachment 3.

As a supplement to the focus groups at the Town Meetings, the parents were asked to complete a structured questionnaire in either English or Spanish. This allowed for development of data around consistent themes and brought a focus to the input. It also allowed for collection of demographic data that was not available in the focus group setting. Recognizing that many parents of children with severe disabilities would have difficulty attending the Family Town meetings, field workers from a variety of agencies voluntarily conducted in-home surveys of parents. Through this process 470 families were surveyed — 266 in English and 204 in Spanish. The results of the Town Meeting focus groups and the parent surveys are contained in Attachment 4.

A questionnaire was also sent to more than 1000 service providers throughout the county to develop a picture of services and use from their point of view. Again this allowed the Commission to understand service needs and assets in a focused manner. A total of 83 questionnaires were returned. The collation of responses is contained in Attachment 5.

Commission Deliberations and Goal Setting

Once the community input data had been collated, it was presented with the statistical information to the Commission for discussion and deliberation regarding the development of goals and objectives to match with the Vision, Mission and Values that had previously been developed. A full day workshop was held to review all the available data and make some preliminary decisions on the key objectives to be pursued for the first three years of operation of the Commission. These objectives then formed the nucleus of the elements of the Strategic Plan to address community needs and assets. A second full day workshop was spent in reviewing the first draft of the Strategic Plan. Subsequently, the majority of time at the following Commission meetings was devoted to the review of the document and the development of a fund allocation plan.

Public hearings on the draft Strategic Plan were held on January 6, 2000 in Santa Barbara, January 10, 2000 in Buellton, and January 11, 2000 in Santa Maria. The latter hearing was held in conjunction with a regular meeting of the Santa Barbara County Board of Supervisors. The final hearing was held at the regular Commission meeting on January 24, 2000. On that date the Commission approved the Strategic Plan, and submitted it to the California Children and Families Commission.



Needs/ Assets Conclusions

Conclusions were drawn from the data available in 1999, input from community meetings of parents/caregivers, and parent and provider surveys. The conclusions are:

- ◆ Barriers to accessing services is strongly tied to income, acculturation, education, language barriers, household size and family structure
- ◆ Access to parent education programs with classes relating to special needs, early child development, and parenting skills is associated with the general development of children who are healthy and ready for school
- ◆ Educational deficiency regarding pregnancy and child development varies with the age of the mother and may result in a higher incidence of unhealthy child births
- ◆ Cessation of dental care services for children in the county means the need is growing faster than the other health related needs
- ◆ Inaccessible services for special medical, mental health and learning needs for potential users in many regions of the county are due to problems of location and transportation
- ◆ Demand far outstrips capacity for quality, affordable child care due to problems relating to location, hours of operation and cost for child care facilities throughout the county, as well as a need to improve the supply of trained child care workers

- ◆ Improved academic performance of many elementary schools in the county can be achieved with better education of the parents/caregivers of children in the target years of prenatal to age 5 through focused programs in communities throughout the county
- ◆ Coordinated collection of data relating to supply and need for services may enhance collaboration among service providers resulting in more integrated service delivery
- ◆ Funding must correlate in an equitable manner with the identified geographic and demographic needs of Santa Barbara County

Santa Barbara County has a large number of agencies, public and private, to address many of the needs represented in the conclusions. In many instances there is a need to expand a service to provide it to an under-served area of the county. In others, integration of services and coordination among providers will enhance service delivery throughout the county.



Strategic Plan Objectives

Based on the review of the statistical data and the collated input from users and providers of services for children and their families, the Commission determined its primary strategic goal is to maintain a county-wide perspective when determining objectives for implementation. The Commission is sensitive to geographic and demographic trends and service availability. The available data indicates similar needs in each region of the county, however the level of need varies greatly region by region of the county. The gaps in services must be evaluated on a community by community basis.

The Commission made the decision to focus on seven distinct strategic objectives as part of its operations over the next three years. The objectives have been clustered in three categories of need: 1) program improvements, 2) system development and integration, and 3) service delivery improvements. This grouping reflects the Commission's desire to achieve program improvements while emphasizing the overarching need to develop an integration and coordination of services to best serve the various regions of the county.

The seven objectives are likely to be modified during the course of the next three years based on data that is developed as part of initial outcome evaluations developed by the Commission. The Commission recognizes the need to maintain flexibility as its program decisions are implemented and the results are tested against the basic outcomes for children and families.

Each of the seven objectives is fully developed below. Following each objective is a set of strategic activities that are appropriate for achieving the objective. Following the activities is a list of some potential indicators to be used as measures of success in achieving the objective. Two types

of indicators are included in this format. The first is a performance indicator which generally describe how well services have been implemented. The outcome indicator addresses the result or impact of actions for children or families in relation to developing children who are healthy, safe, and ready to succeed in school.

There are certain principles that apply to each of the seven objectives. Although the Commission has determined that the issues facing the County are relatively common throughout the different regions, there is a keen sensitivity for the need to ensure each of the programs resulting from achievement of the seven objectives and as measured by the performance and outcome indicators:

- 1. serve ethnically, culturally and linguistically diverse children and families and special needs children and families**
- 2. address the needs of geographically and socially isolated communities, and**
- 3. target traditionally under-served/high-need populations.**

There is a priority of streamlining access and the removal of barriers to access, resulting in a coordinated system of services that more effectively meets the needs of young children and their families.



Program Improvements

A child's health, safety, daily care and pre-elementary education and the education of the parent/caregiver for a healthy child are key areas identified as needing better quality and equity throughout the county. Although there is a division of strategic objective topics, there is every intention that, whenever possible, services providers should develop active systems of integration, coordination and service delivery to ensure that access to services is provided in the best possible manner.

Strategic Objective 1: Parent/Caregiver Support & Education for a Healthy and Safe Child

The Commission supports the development of strong parental and caregiver education fostering and supporting the development of knowledge and skills necessary to achieve a healthy, safe child from the time of conception to entry into kindergarten.

Strategic Activities:

- ◆ Develop supplemental localized information to the State Commission's "welcome baby kit" and plan comprehensive dissemination of kits in conjunction with local hospitals, clinics and other appropriate services for increased access for expectant parents and families of newborns
- ◆ Establish a "Passport to Parenting" beginning with prenatal care and serving as a developmental guide for fostering a healthy child to school age in coordination with

clinics, physicians and others to support community wide education on early childhood development

- ◆ Develop a coordinated program of voluntary home follow-up visits for all children born in Santa Barbara County within 2-3 weeks of birth with follow-up components for families needing extra care and support
- ◆ Develop programs that support and increase father involvement in early childhood programs
- ◆ Support programs of adoptive service and foster care as part of the development of a strong, healthy base of children from prenatal to age 5
- ◆ Support the development of intergenerational programs for enrichment of older adults and young children
- ◆ Support the development of programs directed to the needs of the increasing numbers of grandparents who are significant caregivers of young children
- ◆ Develop programs to promote child safety relating to substance abuse, child abuse, domestic violence, second-hand smoke, and exposure to environmental dangers
- ◆ Support and expand programs for parent education on parenting skills, early child development, nutrition, special needs, literacy English-as-a-Second-Language, and environmental and home safety for parents who are expecting a child or have a young child
- ◆ Create a structure for outreach and community awareness on the important role of early childhood development encouraging partnerships from employers, community groups, faith communities and others
- ◆ Support the existing parent/family support activities within the early care and education community
- ◆ Support services to strengthen the ability of families to problem solve and prevent abuse and neglect
- ◆ Develop educational materials and programs in a culturally relevant, culturally sensitive manner

Performance Indicators:

- ◆ Number/percentage of new mothers and fathers receiving welcome baby kits and “Passports to Parenting”
- ◆ Number/percentage of home follow-up visits within 2-3 weeks of birth
- ◆ Number/percentage of mothers, fathers, caregivers participating in educational programs
- ◆ Number/percentage of families receiving services that are low-income families

Outcome Indicators:

- ◆ Number and percentage of mothers, fathers and caregivers who comply with/complete Passport program
- ◆ Immunization rates at appropriate age levels
- ◆ Number of Child Protective Service (CPS) reports

- ◆ Number of children exposed to family violence, substance abuse and neglect
- ◆ Number of out-of-home placements of young children

Strategic Objective 2: Early Care and Education

The Commission supports and participates in the enhancement and expansion of affordable quality child care for infant, toddler and preschool children throughout Santa Barbara County. The Commission is committed to the integration of child care services with other programs serving young families and will be a strong advocate for improving both the lives of young children and their caregivers.

Strategic Activities:

- ◆ Establish a countywide integrated structure that supports early care and education through the establishment of an Office of Early Childhood Services
- ◆ Expand the county's capacity to provide developmentally appropriate child care services
- ◆ Impact the recruitment and retention of child care providers
- ◆ Support the training and professional development of child care providers in areas such as: children with special needs, health issues for young children, and cultural awareness
- ◆ Improve the quality of child care services to young children by encouraging programs and home care providers to participate in a formal accreditation process
- ◆ Address the issues of affordability by supporting the development of scholarships for low and moderate-income families
- ◆ Support the existing parent education programs being provided within the early care and education community
- ◆ Develop linkages with the business and faith communities for the development of child care services
- ◆ Establish a system of communication between preschool programs and the public school systems in Santa Barbara County. Increase the number of K-3 teachers with information regarding developmentally appropriate practices within the early care and education community
- ◆ Work with pediatrician groups in early detection for potential learning disabilities

Performance Indicators:

- ◆ Number of spaces in centers and licensed homes
- ◆ Number of infant spaces created
- ◆ Number of new early care facilities established
- ◆ Number of auxiliary services provided, by center
- ◆ Number/percentage of trained child care providers in centers and licensed homes

- ◆ Number/percentage of child care providers trained to address the needs of children with special needs
- ◆ Number of subsidies for children in low and moderate income families
- ◆ Number of partnerships developed with businesses and institutions to increase capacity
- ◆ Number of programs accredited in the county

Outcome Indicators:

- ◆ Multiple measurement of school readiness
- ◆ Multiple measures of child care classroom quality
- ◆ Average monthly out-of-pocket cost of child care by geographic region in the county for infant, toddler and preschool age children

Strategic Objective 3: Health Care, Safety and Wellness

The Commission supports the development of a full range of health services for families with children in the target population to ensure a healthy child at age 5.

Strategic Activities:

- ◆ Identify deficiencies in communities for the full range of children's health needs
- ◆ Involve both mothers and fathers in parent education programs for healthy children, pre-natal to age 5
- ◆ Develop individual community based access to health care using permanent and mobile services in order to reach all communities within the county on a regular basis
- ◆ Support communities in the use of culturally sensitive and traditional medicines
- ◆ Establish prevention based programs in community health centers to ensure healthy children, including nutrition assistance and breast-feeding support with the assurance of access in all communities
- ◆ Establish early screening and referral services for identification of health related problems
- ◆ Assess oral health deficiencies and develop programs to ensure capacity and quality for target population children throughout the county
- ◆ Ensure there are available mental health services as part of community based health programs with access throughout the county
- ◆ Support mental health curricula in preschools to improve communication, self esteem and critical thinking in children
- ◆ Provide environmental health information as part of community based health programs

- ◆ Identify issues and programs to address child safety related to substance and physical abuse, and domestic violence
- ◆ Establish programs to educate parents on the effects of second-hand smoke and develop smoking cessation support programs

Performance Indicators:

- ◆ Establishment of health service providers in permanent and mobile centers, including medical, dental, mental health, vision, prenatal, pharmaceutical, and other health services
- ◆ Number of parents receiving prenatal care, nutrition assistance, breast-feeding support, prevention of smoking education and other services
- ◆ Number of children receiving medical, dental, vision, mental health, and other health services

Outcome Indicators:

- ◆ Number of children with clean dental health status
- ◆ Number of teen births
- ◆ Number of mothers receiving adequate prenatal care
- ◆ Number of children exposed to family violence, substance abuse and neglect
- ◆ Number of children exposed to toxins and passive smoke
- ◆ Number of low birth weights
- ◆ Infant mortality rate



System Development and Integration

If future programs for children prenatal to age five and their families are to achieve maximum success, there must be improved service delivery systems. Integration is critical to achieving lasting success in a service delivery system. These systems must provide good information to the Commission, service agencies and the users. Changes must be made to properly establish responsibility and accountability for services and results. The three objectives of this section are designed to bring about those changes.

Strategic Objective 4: Capacity Building and Long Term Sustainability

Programs supported by the Commission will be designed to promote community capacity to provide services which will establish sustainability for future program operation with the goal of supporting strong families, children ready to enter elementary school as healthy, active learners at age 5.

Strategic Activities:

- ◆ Facilitate active collaboration among key service providers and municipalities for increased community capacity to provide services to families and young children

- ◆ Develop long term funding strategies to “plug the gap” for future service delivery through increased funding from matching and alternatives sources
- ◆ Facilitate a coordinated approach for all governmentally funded services for target children to expand needed services, coordinate eligibility procedures and access, and avoid duplication
- ◆ Establish a sustaining reserve to serve as a funding mechanism for meeting future demands and fostering the development of long term sustainability of those who provide services
- ◆ Enhance opportunities for agency mentoring and skill building in order to enhance a community’s ability to serve geographically, ethnically, culturally or linguistically isolated and under-served communities
- ◆ Actively pursue opportunities for leveraging of governmental and foundation funding for long-term sustainability of programs

Performance Indicators:

- ◆ Ratio of dollars allocated to children served by providers
- ◆ Ratio of Proposition 10 dollars to dollars from other sources
- ◆ Number of governmentally funded programs having coordinated application procedures

Outcome Indicators:

- ◆ Service capacity in each of the key service areas
- ◆ Amount of funding from outside sources
- ◆ Higher percentages of eligible clients receiving services

Strategic Objective 5: Service Integration

The Commission promotes the development of networks, incentives and general means of encouraging integration of public and private services to families of children in the target population to enhance capacity and ultimate sustainability of necessary services. A bridge needs to be built between a child’s birth and the child’s entry to school in order to maximize the developmental potential of young children, a bridge that should be culturally relevant.

Strategic Activities:

- ◆ Develop multi-agency participation in permanent and mobile resource centers
- ◆ Develop financial incentives for collaboration and resource sharing
- ◆ Identify areas appropriate for coordination of services to address accessibility due to location and time
- ◆ Develop a system for parent input in each region to assist in evaluating all services and making recommendations for more efficient service delivery

- ◆ Develop service mentoring and training programs to enhance service delivery capacity in isolated communities

Performance Indicators:

- ◆ Number of agreements for consolidation and/or resource sharing between agencies
- ◆ Dollars made available for expanded services due to service consolidations or resource sharing

Outcome Indicators:

- ◆ Parent satisfaction ratings for services by region
- ◆ Number of children exhibiting health and school readiness deficiencies (completed as part of prior outcome measurements)
- ◆ Number of parents/caregivers with reported knowledge of services (completed as part of prior outcome measurements)

Strategic Objective 6: Data Development

The Commission supports development of a comprehensive reporting system that enhances the consistency and accuracy of information from funded service providers. This system will promote better decision making by the Commission and the community regarding needs and capacity for addressing needs.

Strategic Activities:

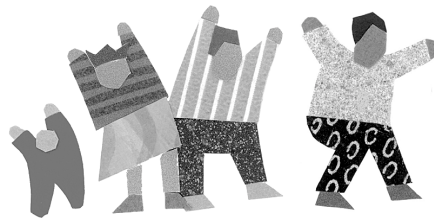
- ◆ Establish continual data collection as a priority to be included as part of Commission fund allocation procedures and to serve as a basis for assessing service provider accountability and evaluating outcomes
- ◆ Develop a Commission data management system for all services to be made available to all children's services providers
- ◆ Train and support service providers on the use of data management system
- ◆ Coordinate collection of data with the State Commission of Children and Families

Performance Indicators:

- ◆ Development of single or interacting programs to collect relevant user/demand data from all participants regarding children from the target population
- ◆ Completion of field testing of technology with all participants/contractors in the Children and Families Commission allocation process
- ◆ Establishment of standards for data reporting by all participants/contractors in the Children and Families Commission allocation process
- ◆ Data documents the number of children with special needs by region

Outcome Indicators:

- ◆ Data documenting unique developmental services needs by regions of the county
- ◆ Data collection supports prioritization of unmet needs by regions of the county
- ◆ Data is consistent from all participants/contractors to allow for integration of data for families with children in the target population by region with regard to health, safety and school readiness
- ◆ Services and delivery changes made as a result of data provided to the Commission and providers to effect reductions in health deficiencies and improvements in readiness for school of target children



Service Delivery Improvements

As the Commission moves forward with improvements and integration of services, it recognizes that without the development of integrated and coordinated community based resources in each community, uneven access to needed services will continue. The definition of “integrated and coordinated” must be determined on a community by community basis. Programs will be developed in partnership with cities and unincorporated communities whenever possible.

Strategic Objective 7: Integrated Community Based Family Resources

The Commission supports actions to establish or enhance the quality of integrated community based family resources accessible to all families in the county, providing a range of information services regarding child and family education and on-site health services to promote a safe, ready to enter elementary school as a healthy, active child.

Strategic Activities:

- ◆ Identify key service providers who are culturally competent to be participants in community resource centers
- ◆ Collaborate with schools, Department of Social Services, Information Referral, Public Health Services, Mental Health Services, county libraries and private health providers and child care providers in the development of a package of information regarding available services, child development, and parenting for a healthy, well-prepared child
- ◆ Collaborate with schools, cities, and local service providers throughout the county for the development/establishment of mobile and permanent community resource centers reaching families in rural and urban areas

- ◆ Identify key commercial partners to serve as outlets for information regarding children's services, availability and references
- ◆ Develop an information network regarding availability of family resource center services for each community
- ◆ Develop education and outreach programs sensitive to the needs of mothers, fathers and other caregivers utilizing existing community focal points, the media and developing resource centers

Performance Indicators:

- ◆ Number of permanent and mobile community resource centers established
- ◆ Number and types of services provided in each facility
- ◆ Number of community outreach services and programs

Outcome Indicators:

- ◆ Number of parents and children receiving services
- ◆ Number of parents participating in the operation of community resource centers and programs

The Commission's objectives and activities listed cannot stand alone when dealing with the strength of the family, the health of a child or that child's readiness for school. There must be a continuing county-wide inter-relationship of the information that is gathered to ensure quality and efficiency.



Allocation Plan

An allocation plan is being established to initiate a framework to maximize the benefit delivered from the resources generated through Proposition 10 for the long term future. The fundamental goal will be to produce the greatest possible value for young children and their families, particularly those not presently being served, consistent with the strategic objectives developed by the Commission.

The Commission is well aware that achieving the objectives will necessitate two to three years. During this period of time the Commission is committed to supporting community capacity building, including community based nonprofit organizations with demonstrated grass roots presence in communities with the greatest needs for early childhood development services, and agency training and support in order to maximize the opportunities for leveraging of funds for long term continuing services. Priority will be given to streamlining access to services and removing barriers to access, resulting in a coordinated system of services that more effectively meet the needs of young children and families.

Priorities for Allocation

- ◆ Funding will be reflective of the needs identified in the strategic plan with priorities to include geographic, ethnic, cultural, linguistic and special needs. It is the intent of this Commission that each of the following areas be equally considered for funding according to need:

Parent/Caregiver Support and Education

Early Care and Education

Health Care, Safety and Wellness

(Strategic Objectives 1-3 and 7)

- ◆ The Requests for Proposal (RFP) will provide an open granting process strongly encouraging service integration with the goal of reaching all communities within our county. Community outreach and training will accompany the RFP process. (Strategic Objective 4)
- ◆ The Commission recognizes the need to establish a system for planning, community/agency mentoring, training, computer and equipment needs and capacity building to reach under-served communities. Specific grants will be allocated for community

partnerships in order for communities to enhance their abilities to provide integrated services geared to meet the unmet needs of geographically, culturally and/or socially isolated areas of our county. (Strategic Objective 4)

- ◆ The Commission has a high priority to maximize funds through the leveraging of Proposition 10 dollars with other funding streams, grants and bequests. The Commission will work closely with coordinating groups like the KIDS Network, County Departments, and the State Commission to explore these opportunities. Additionally, training will be provided to community groups in order to increase access to potential funds. (Strategic Objective 4)
- ◆ There is a need for evaluation, data collection and software support to ensure that the Commission has timely, complete and accurate information to use in evaluating the rate of progress toward strategic goals, the effectiveness of individual providers and services, and the identification of met and unmet needs. First year expenditures should provide for the creation of new data collection instruments (which will be shared with funded providers), computer software, and other tools that will fully implement and support the outcomes measurement and evaluation components of the strategic plan. (Strategic Objective 6)
- ◆ The Commission seeks to have a long-term, stable funding stream to support service delivery for many years to come through the development of a Sustaining Reserve. Funding is anticipated to decrease for a number of reasons. First, the State projects those revenues from Proposition 10 will decline by 3% per year as the higher costs of smoking cause a gradual reduction in the rate of smoking. Second, the effects of inflation must be taken into account; based on history, each year an average of almost 4% of the purchasing power of Proposition 10 funding will be lost to inflation. Both of these factors will be compounded in the future. Further, the population of the county continues to grow, suggesting that the county will need higher levels of services in the future even as the dollars available are declining. The Sustaining Reserve is an effective way to mitigate these problems and increase the stability of future funding. Funds in the Reserve will be invested and managed so that additional resources are available to offset future reductions in revenues and purchasing power. (Strategic Objective 4).

Internal Administration of the Commission

- ◆ Administrative costs will be kept to a minimum. Administrative costs will not exceed 10% of the annual budget.
- ◆ An Operating Capital Fund equal to three month's expenses will be maintained at all times. The purpose of this fund is to ensure that sufficient cash is available at all times to make timely payments for contracted services, operating costs, and other obligations of the Commission. The fund will remain highly liquid, with no investments with a maturity of greater than thirty days. It will be replenished through regular allocations from the State as funds are expended.

Allocation Recommendations

	Anticipated Dollars	% Of Anticipated Total Revenue
Sustaining Reserve	\$ 3,000,000.	33.3 %
Administration and Planning	486,000.	5.4 %
Evaluation, data collection and software support Of funded agencies	130,000.	1.4 %
Agency Training for Grant development	34,000.	.04%
Community Grants for technical support Including mentoring and Capacity building	350,000.	3.8 %
* Grant funding for direct service and service integration including: Parent/Caregiver Support & Education Early Care and Education Health Care, Safety and Wellness	5,000,000.	56.0 %
	<hr/> \$ 9,000,000. **	

An Operating Reserve will remain at approximately \$ 1,500,000. in a rotating account.

* It is the intent of this Commission that each of these areas be equally considered for funding according to need.

** Funds are based on anticipated revenue and should be considered general ranges and will be subject to changes in actual revenue. The anticipated allotment includes dollars generated from 1/99-6/00.

Allocation Process

Specific funding criteria and reporting requirements will accompany the Request for Proposal (RFP) process. The RFP's will be widely distributed to community based organizations, cities, school districts, faith communities, early care and education organizations, and other potential service delivery entities.

There will be community outreach and training on the RFP process and proposal development. Technical assistance will also be made available.

A Screening Committee will review and rate proposals and make funding recommendations to the Commission.

A public hearing will be held by the Commission on funding recommendations. Final recommendations will be presented to the Board of Supervisors for review and comment prior to final decisions by the Commission.





Conclusion

There is abundant evidence to show that the formative years for a child will dictate the role and capacity of the child as an adult in our society. A number of schools in the county report standard reading and math scores well below state and national averages. Children are born with preventable health problems. Many parents lack the proper information regarding child development, thus increasing the likelihood of problems for children as they move through the most important years of their lives in preparation for the world of work, temptations and factors of success and failure. Until we make a commitment as a larger society, we will not achieve the goal of developing every child to the fullest extent possible.

The Strategic Plan embodied by this document is an ambitious one. It must be seen as the first of many planning and then evaluation steps to developing the best objectives, strategies and indicators of success for children of the future. There will be continual refinements to the objectives. There will be new objectives and strategies to continuously improve the results. The constant will be to develop a healthier child, ready to enter school with the support of a family that understands what it takes to create that well prepared, healthy and safe child. The process of gathering the input from the community and the service providers will be continually evaluated to ensure that emphasis is placed where it is most needed and that priorities for funding programs in the future will focus on the children's needs. Linguistically and culturally diverse populations, as well as under-served and geographically and socially isolated communities, must remain a constant focus for the Commission and its service providers.

The Commission will collaborate with other key players in the development of services for children and their families. There are benefits in collaborating with the San Luis Obispo and Ventura County commissions in efforts that will have overlap and common goals. Additionally, the Commission will join with commissions from around the state and service provider organizations to develop a strong voice in Sacramento for legislation necessary to make the program efforts of commissions state-wide successful. Although not listed as a strategic objective, coordinated planning and action by county commissions for the preservation and enhancement of the programs resulting from the work of the State Children and Families Commission and the 58 county commissions is a priority for the Santa Barbara Commission.

Finally, this Plan represents the initial process for addressing all young children and their families in a truly coordinated manner in Santa Barbara County. A number of public and private agencies have done excellent work in the past in addressing problems experienced by children prenatal to age five and their families and caregivers. As this is the first time effort by the Commission

to bring a number of differing issues together with a number of varied players, gaps are expected to present themselves. The Commission is committed to evaluating those gaps and the needs of the different communities in the county and addressing them in a manner that meets the needs of every child. Each year the plan will be updated and modified to improve the focus and the service delivery consistent with the overall goals for the county and its unique communities. This will continue to be a coordinated process with communities, families, and agencies, all focusing on the common goal that :

Children in every community of Santa Barbara County will thrive in a safe, supportive, nurturing, and loving environment, ready to enter elementary school as healthy, active learners, developing resilience, and becoming productive, well-adjusted members of society.





Attachment 1

California Children & Families Act

1998 California Children and Families Act (Proposition 10)

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 130100-130155

130100. There is hereby created a program in the state for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age. These purposes shall be accomplished through the establishment, institution, and coordination of appropriate standards, resources, and integrated and comprehensive programs emphasizing community awareness, education, nurturing, child care, social services, health care, and research. (a) It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decisionmaking, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicate administrative systems. (b) The programs authorized by this act shall be administered by the California Children and Families Commission and by county children and families commissions. In administering this act, the state and county commissions shall use outcome-based accountability to determine future expenditures. (c) This division shall be known and may be cited as the "California Children and Families Act of 1998."

130105. The California Children and Families Trust Fund is hereby created in the State Treasury. (a) The California Children and Families Trust Fund shall consist of moneys collected pursuant to the taxes imposed by Section 30131.2 of the Revenue and Taxation Code. (b) All costs to implement this act shall be paid from moneys deposited in the California Children and Families Trust Fund. (c) The State Board of Equalization shall determine within one year of the passage of this act the effect that additional taxes imposed on cigarettes and tobacco products by this act has on the consumption of cigarettes and tobacco products in this state. To the extent that a decrease in consumption is determined by the State Board of Equalization to be the direct result of additional taxes imposed by this act, the State Board of Equalization shall determine the fiscal effect the decrease in consumption has on the funding of any Proposition 99 (the Tobacco Tax and Health Protection Act of 1988) state health-related education or research programs in effect as of November 1, 1998, and the Breast Cancer Fund programs that are funded by excise taxes on cigarettes and tobacco products. Funds shall be transferred from the California Children and Families Trust Fund to those affected programs as necessary to offset the revenue decrease directly resulting from the imposition of additional taxes by this act. Such reimbursements shall occur, and at such times, as determined necessary to further the intent of this subdivision. (d) Moneys shall be allocated and appropriated from the California Children and Families Trust Fund as follows: (1) Twenty percent shall be allocated and appropriated to separate accounts of the state commission for expenditure according to the following formula: (A) Six percent shall be deposited in a Mass Media Communications Account for expenditures for communications to the general public utilizing television, radio, newspapers, and other mass media on subjects relating to and furthering the goals and purposes of this act, including, but not limited to, methods of nurturing and parenting that encourage proper childhood development, the informed selection of child care, information regarding health and social services, the prevention of tobacco, alcohol, and drug use by pregnant women, and the detrimental effects of secondhand smoke on early childhood development. (B) Five percent shall be deposited in an Education Account for expenditures for programs relating to education, including, but not limited to, the development of educational materials, professional and parental education and training, and technical support for county commissions in the areas described in subparagraph (A) of paragraph (1) of subdivision (b) of Section 130125. (C) Three percent shall be deposited in a Child Care Account for expenditures for programs relating to child care, including, but not limited to, the education and training of child care providers, the development of educational materials and guidelines for child care workers, and other areas described in subparagraph (B) of paragraph (1) of subdivision (b) of Section 130125. (D) Three percent shall be deposited in a Research and Development Account for expenditures for the research and development of best practices and standards for all programs and services relating to early childhood development established pursuant to this act, and for the assessment and quality evaluation of such programs and services.

(E) One percent shall be deposited in an Administration Account for expenditures for the administrative functions of the state commission. (F) Two percent shall be deposited in an Unallocated Account for expenditure by the state commission for any of the purposes of this act described in Section 130100 provided that none of these moneys shall be expended for the administrative functions of the state commission. (G) In the event that, for whatever reason, the

expenditure of any moneys allocated and appropriated for the purposes specified in subparagraphs (A) to (F), inclusive, is enjoined by a final judgment of a court of competent jurisdiction, then those moneys shall be available for expenditure by the state commission for mass media communication emphasizing the need to eliminate smoking and other tobacco use by pregnant women, the need to eliminate smoking and other tobacco use by persons under 18 years of age, and the need to eliminate exposure to secondhand smoke. (H) Any moneys allocated and appropriated to any of the accounts described in subparagraphs (A) to (F), inclusive, that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same account for the next fiscal period. (2) Eighty percent shall be allocated and appropriated to county commissions in accordance with Section 130140. (A) The moneys allocated and appropriated to county commissions shall be deposited in each local Children and Families Trust Fund administered by each county commission, and shall be expended only for the purposes authorized by this act and in accordance with the county strategic plan approved by each county commission. (B) Any moneys allocated and appropriated to any of the county commissions that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same local Children and Families Trust Fund for the next fiscal period under the same conditions as set forth in subparagraph (A). (e) All grants, gifts, or bequests of money made to or for the benefit of the state commission from public or private sources to be used for early childhood development programs shall be deposited in the California Children and Families Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the state commission pursuant to paragraph (1) of subdivision (d). (f) All grants, gifts, or bequests of money made to or for the benefit of any county commission from public or private sources to be used for early childhood development programs shall be deposited in the local Children and Families Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the county commissions pursuant to paragraph (2) of subdivision (d).

130110. There is hereby established a California Children and Families Commission composed of seven voting members and two ex officio members. (a) The voting members shall be selected, pursuant to Section 130115, from persons with knowledge, experience, and expertise in early child development, child care, education, social services, public health, the prevention and treatment of tobacco and other substance abuse, behavioral health, and medicine (including, but not limited to, representatives of statewide medical and pediatric associations or societies), upon consultation with public and private sector associations, organizations, and conferences composed of professionals in these fields. (b) The Secretary of the California Health and Human Services Agency and the Secretary for Education, or their designees, shall serve as ex officio nonvoting members of the state commission.

130115. The Governor shall appoint three members of the state commission, one of whom shall be designated as chairperson. One of the Governor's appointees shall be either a county health officer or a county health executive. The Speaker of the Assembly and the Senate Rules Committee shall each appoint two members of the state commission. Of the members first appointed by the Governor, one shall serve for a term of four years, and two for a term of two years. Of the members appointed by the Speaker of the Assembly and the Senate Rules Committee, one appointed by the Speaker of the Assembly and the Senate Rules Committee shall serve for a period of four years with the other appointees to serve for a period of three years. Thereafter, all appointments shall be for four-year terms. No appointee shall serve as a member of the state commission for more than two four-year terms.

130120. The state commission shall, within three months after a majority of its voting members have been appointed, hire an executive director. The state commission shall thereafter hire such other staff as necessary or appropriate. The executive director and staff shall be compensated as determined by the state commission, consistent with moneys available for appropriation in the Administration Account. All professional staff employees of the state commission shall be exempt from civil service. The executive director shall act under the authority of, and in accordance with the direction of, the state commission.

130125. The powers and duties of the state commission shall include, but are not limited to, the following: (a) Providing for statewide dissemination of public information and educational materials to members of the general public and to professionals for the purpose of developing appropriate awareness and knowledge regarding the promotion,

support, and improvement of early childhood development. (b) Adopting guidelines for an integrated and comprehensive statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional, and physical development of children in California. (1) The state commission's guidelines shall, at a minimum, address the following matters: (A) Parental education and support services in all areas required for, and relevant to, informed and healthy parenting. Examples of parental education shall include, but are not limited to, prenatal and postnatal infant and maternal nutrition, education and training in newborn and infant care and nurturing for optimal early childhood development, parenting and other necessary skills, child abuse prevention, and avoidance of tobacco, drugs, and alcohol during pregnancy. Examples of parental support services shall include, but are not limited to, family support centers offering an integrated system of services required for the development and maintenance of self-sufficiency, domestic violence prevention and treatment, tobacco and other substance abuse control and treatment, voluntary intervention for families at risk, and such other prevention and family services and counseling critical to successful early childhood development. (B) The availability and provision of high quality, accessible, and affordable child care, both in-home and at child care facilities, that emphasizes education, training and qualifications of care providers, increased availability and access to child care facilities, resource and referral services, technical assistance for caregivers, and financial and other assistance to ensure appropriate child care for all households. (C) The provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs; and the provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, treatment of tobacco and other substance abuse, general health screenings, and treatment services not covered by other programs. (2) The state commission shall conduct at least one public hearing on its proposed guidelines before they are adopted. (3) The state commission shall, on at least an annual basis, periodically review its adopted guidelines and revise them as may be necessary or appropriate. (c) Defining the results to be achieved by the adopted guidelines, and collecting and analyzing data to measure progress toward attaining such results. (d) Providing for independent research, including the evaluation of any relevant programs, to identify the best standards and practices for optimal early childhood development, and establishing and monitoring demonstration projects. (e) Soliciting input regarding program policy and direction from individuals and entities with experience in early childhood development, facilitating the exchange of information between such individuals and entities, and assisting in the coordination of the services of public and private agencies to deal more effectively with early childhood development. (f) Providing technical assistance to county commissions in adopting and implementing county strategic plans for early childhood development. (g) Reviewing and considering the annual audits and reports transmitted by the county commissions and, following a public hearing, adopting a written report that consolidates, summarizes, analyzes, and comments on those annual audits and reports. (h) Applying for gifts, grants, donations, or contributions of money, property, facilities, or services from any person, corporation, foundation, or other entity, or from the state or any agency or political subdivision thereof, or from the federal government or any agency or instrumentality thereof, in furtherance of a statewide program of early childhood development. (i) Entering into such contracts as necessary or appropriate to carry out the provisions and purposes of this act. (j) Making recommendations to the Governor and the Legislature for changes in state laws, regulations, and services necessary or appropriate to carry out an integrated and comprehensive program of early childhood development in an effective and cost-efficient manner.

130130. Procedures for the conduct of business by the state commission not specified in this act shall be contained in bylaws adopted by the state commission. A majority of the voting members of the state commission shall constitute a quorum. All decisions of the state commission, including the hiring of the executive director, shall be by a majority of four votes.

130135. Voting members of the state commission shall not be compensated for their services, except that they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the state commission.

130140. Any county or counties developing, adopting, promoting, and implementing local early childhood development programs consistent with the goals and objectives of this act shall receive moneys pursuant to paragraph (2) of subdivision (d) of Section 130105 in accordance with the following provisions: (a) For the period between January 1, 1999 and June 30, 2000, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the entire number of births recorded in California (for the same period), provided that each of the following

requirements has first been satisfied: (1) The county's board of supervisors has adopted an ordinance containing the following minimum provisions: (A) The establishment of a county children and families commission. The county commission shall be appointed by the board of supervisors and shall consist of at least five but not more than nine members. (i) Two members of the county commission shall be from among the county health officer and persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services. (ii) One member of the county commission shall be a member of the board of supervisors. (iii) The remaining members of the county commission shall be from among the persons described in clause (i) and persons from the following categories: recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting nurturing and early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies. (B) The manner of appointment, selection, or removal of members of the county commission, the duration and number of terms county commission members shall serve, and any other matters that the board of supervisors deems necessary or convenient for the conduct of the county commission's activities, provided that members of the county commission shall not be compensated for their services, except they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the county commission. (C) The requirement that the county commission adopt an adequate and complete county strategic plan for the support and improvement of early childhood development within the county. (i) The county strategic plan shall be consistent with, and in furtherance of the purposes of, this act and any guidelines adopted by the state commission pursuant to subdivision (b) of Section 130125 that are in effect at the time the plan is adopted. (ii) The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system. (iii) The county commission shall, on at least an annual basis, be required to periodically review its county strategic plan and to revise the plan as may be necessary or appropriate. (D) The requirement that the county commission conduct at least one public hearing on its proposed county strategic plan before the plan is adopted. (E) The requirement that the county commission conduct at least one public hearing on its periodic review of the county strategic plan before any revisions to the plan are adopted. (F) The requirement that the county commission submit its adopted county strategic plan, and any subsequent revisions thereto, to the state commission. (G) The requirement that the county commission prepare and adopt an annual audit and report pursuant to Section 130150. The county commission shall conduct at least one public hearing prior to adopting any annual audit and report. (H) The requirement that the county commission conduct at least one public hearing on each annual report by the state commission prepared pursuant to subdivision (b) of Section 130150. (I) Two or more counties may form a joint county commission, adopt a joint county strategic plan, or implement joint programs, services, or projects. (2) The county's board of supervisors has established a county commission and has appointed a majority of its members. (3) The county has established a local Children and Families Trust Fund pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105. (b) Notwithstanding any provision of this act to the contrary, no moneys made available to county commissions under subdivision (a) shall be expended to provide, sponsor, or facilitate any programs, services, or projects for early childhood development until and unless the county commission has first adopted an adequate and complete county strategic plan that contains the provisions required by clause (ii) of subparagraph (C) of paragraph (1) of subdivision (a). (c) In the event that any county elects not to participate in the California Children and Families Program, the moneys remaining in the California Children and Families Trust Fund shall be reallocated and reappropriated to participating counties in the following fiscal year. (d) For the fiscal year commencing on July 1, 2000, and for each fiscal year thereafter, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the number of births recorded in all of the counties participating in the California Children and Families Program (for the same period), provided that each of the following requirements has first been satisfied: (1) The county commission has, after the required public hearings, adopted an adequate and complete county strategic plan conforming to the requirements of subparagraph (C) of paragraph (1) of subdivision (a), and has submitted the plan to the state commission. (2) The county commission has conducted the required public hearings, and has prepared and submitted all audits and reports required pursuant to Section 130150. (3) The county commission has conducted the required public hearings on the state commission annual reports prepared pursuant to subdivision (b) of Section 130150. (e) In the event that any county elects not to continue participation in the California Children and

Families Program, any unencumbered and unexpended moneys remaining in the local Children and Families Trust Fund shall be returned to the California Children and Families Trust Fund for reallocation and reappropriation to participating counties in the following fiscal year. (f) For purposes of this section, "relevant county" means the county in which the mother of the child whose birth is being recorded resides.

130145. The state commission and each county commission shall establish one or more advisory committees to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of this act. Each advisory committee shall meet and shall make recommendations and reports as deemed necessary or appropriate.

130150. On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators. (a) The audits and reports of each county commission shall be transmitted to the state commission. (b) The state commission shall, on or before January 31 of each year, prepare a written report that consolidates, summarizes, analyzes, and comments on the annual audits and reports submitted by all of the county commissions for the preceding fiscal year. This report by the state commission shall be transmitted to the Governor, the Legislature, and each county commission. (c) The state commission shall make copies of each of its annual audits and reports available to members of the general public on request and at no cost. The state commission shall furnish each county commission with copies of those documents in a number sufficient for local distribution by the county commission to members of the general public on request and at no cost. (d) Each county commission shall make copies of its annual audits and reports available to members of the general public on request and at no cost.

130155. The following definitions apply for purposes of this act: (a) "Act" means the California Children and Families Act of 1998.

(b) "County commission" means each county children and families commission established in accordance with Section 130140. (c) "County strategic plan" means the plan adopted by each county children and families commission and submitted to the California Children and Families Commission pursuant to Section 130140. (d) "State commission" means the California Children and Families Commission established in accordance with Section 130110.

CALIFORNIA CODES
REVENUE AND TAXATION CODE
SECTION 30131-30131.6

30131. Notwithstanding Section 30122, the California Children and Families Trust Fund is hereby created in the State Treasury for the exclusive purpose of funding those provisions of the California Children and Families Act of 1998 that are set forth in Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.1. The following definitions apply for purposes of this article: (a) "Cigarette" has the same meaning as in Section 30003, as it read on January 1, 1997. (b) "Tobacco products" includes, but is not limited to, all forms of cigars, smoking tobacco, chewing tobacco, snuff, and any other articles or products made of, or containing at least 50 percent, tobacco, but does not include cigarettes.

30131.2. (a) In addition to the taxes imposed upon the distribution of cigarettes by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121) and any other taxes in this chapter, there shall be imposed an additional surtax upon every distributor of cigarettes at the rate of twenty-five mills (\$0.025) for each cigarette distributed.

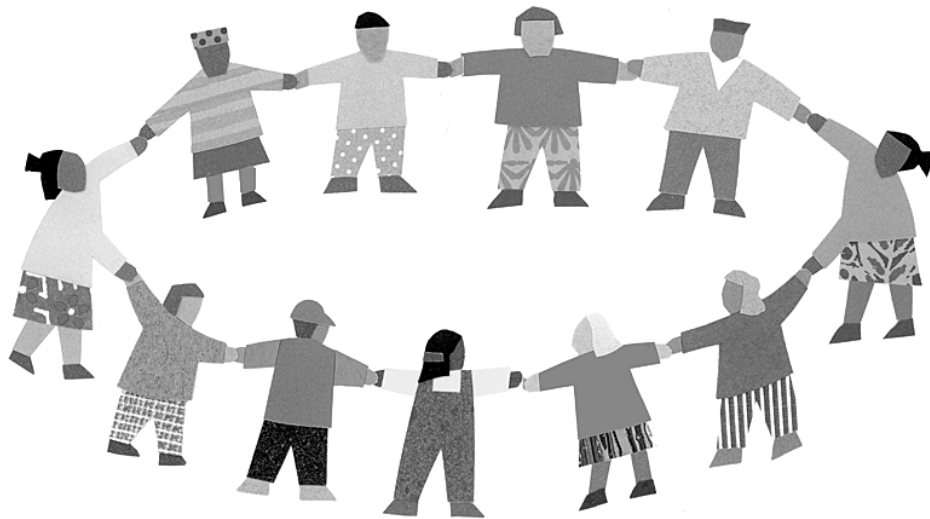
(b) In addition to the taxes imposed upon the distribution of tobacco products by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121), and any other taxes in this chapter, there shall be imposed an additional tax upon every distributor of tobacco products, based on the wholesale cost of these products, at a tax rate, as determined annually by the State Board of Equalization, which is equivalent to the rate of tax imposed on cigarettes by subdivision (a).

30131.3. Except for payments of refunds made pursuant to Article 1 (commencing with Section 30361) of Chapter 6, reimbursement of the State Board of Equalization for expenses incurred in the administration and collection of the taxes imposed by Section 30131.2, and transfers of funds in accordance with subdivision (c) of Section 130105 of the Health and Safety Code, all moneys raised pursuant to the taxes imposed by Section 30131.2 shall be deposited in the California Children and Families Trust Fund and are continuously appropriated for the exclusive purpose of the California Children and Families Program established by Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.4. All moneys raised pursuant to taxes imposed by Section 30131.2 shall be appropriated and expended only for the purposes expressed in the California Children and Families Act, and shall be used only to supplement existing levels of service and not to fund existing levels of service. No moneys in the California Children and Families Trust Fund shall be used to supplant state or local General Fund money for any purpose.

30131.5. The annual determination required of the State Board of Equalization pursuant to subdivision (b) of Section 30131.2 shall be made based on the wholesale cost of tobacco products as of March 1, and shall be effective during the state's next fiscal year.

30131.6. The taxes imposed by Section 30131.2 shall be imposed on every cigarette and on tobacco products in the possession or under the control of every dealer and distributor on and after 12:01 a.m. on January 1, 1999, pursuant to rules and regulations promulgated by the State Board of Equalization.



Attachment 2

County Information Summarization

Overview of Santa Barbara County

- Santa Barbara County covers a large geographical area. The three largest centers of population— Santa Barbara, Lompoc, and Santa Maria— are divided by several geographical barriers. The remaining areas of the county are predominantly rural.
- The southern end of the county is relatively urban with a high degree of tourism and a large number of students.
- The central and northern portions of the county are predominantly agricultural and separated from the south by a low mountain range.
- There are a number of isolated and underserved communities with little or no services including Cuyama, Guadalupe, Los Alamos, and Sisquoc.

[Source: Child Care Planning Council]

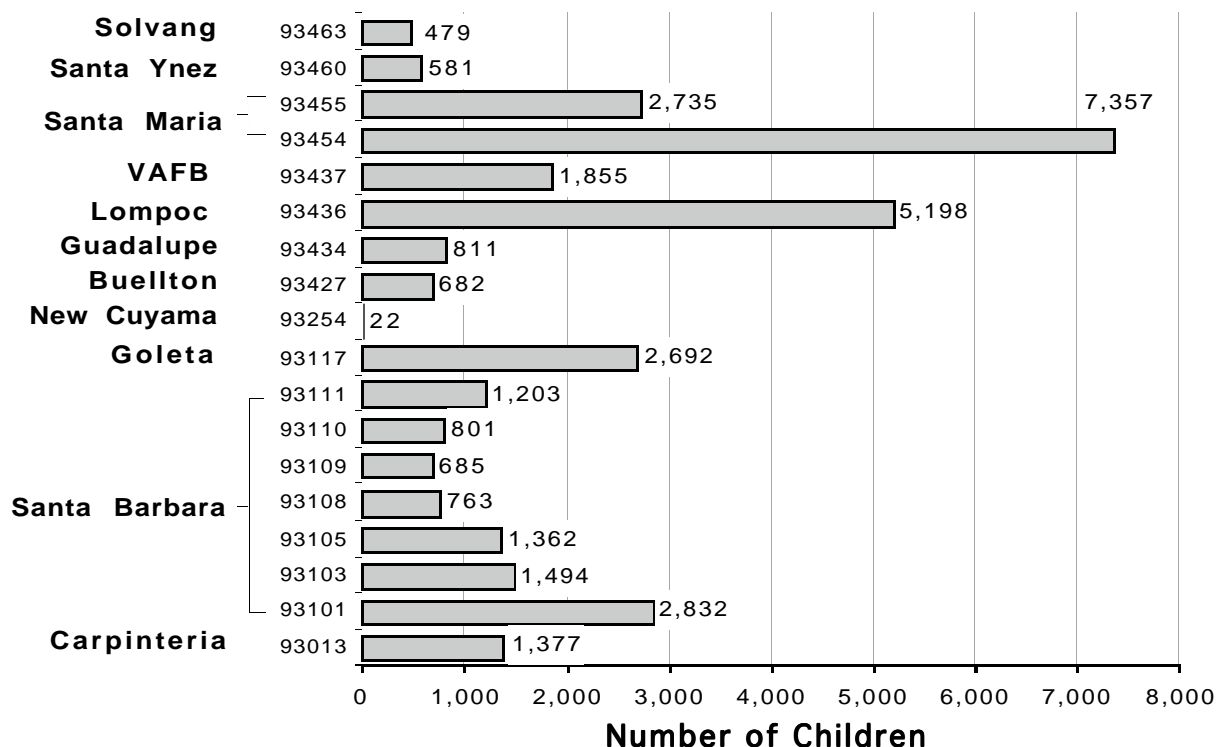
Demographic Information

Population

- The total population of Santa Barbara County is projected to be 416,214 by the year 2000.
- The projected population of children ages 0 to 5 in Santa Barbara County for 1999 was 36,887, or approximately 9% of the total population (all ages).
- Chart 1 below displays the 1997 projected population of children ages 0 to 5 in Santa Barbara County by ZIP Code.

[Source: U.S. Census Bureau; CA Dept. of Finance]

1. Population of Children Ages 0-5 in S.B. County 1997 U.S. Census Projections, by ZIP Code

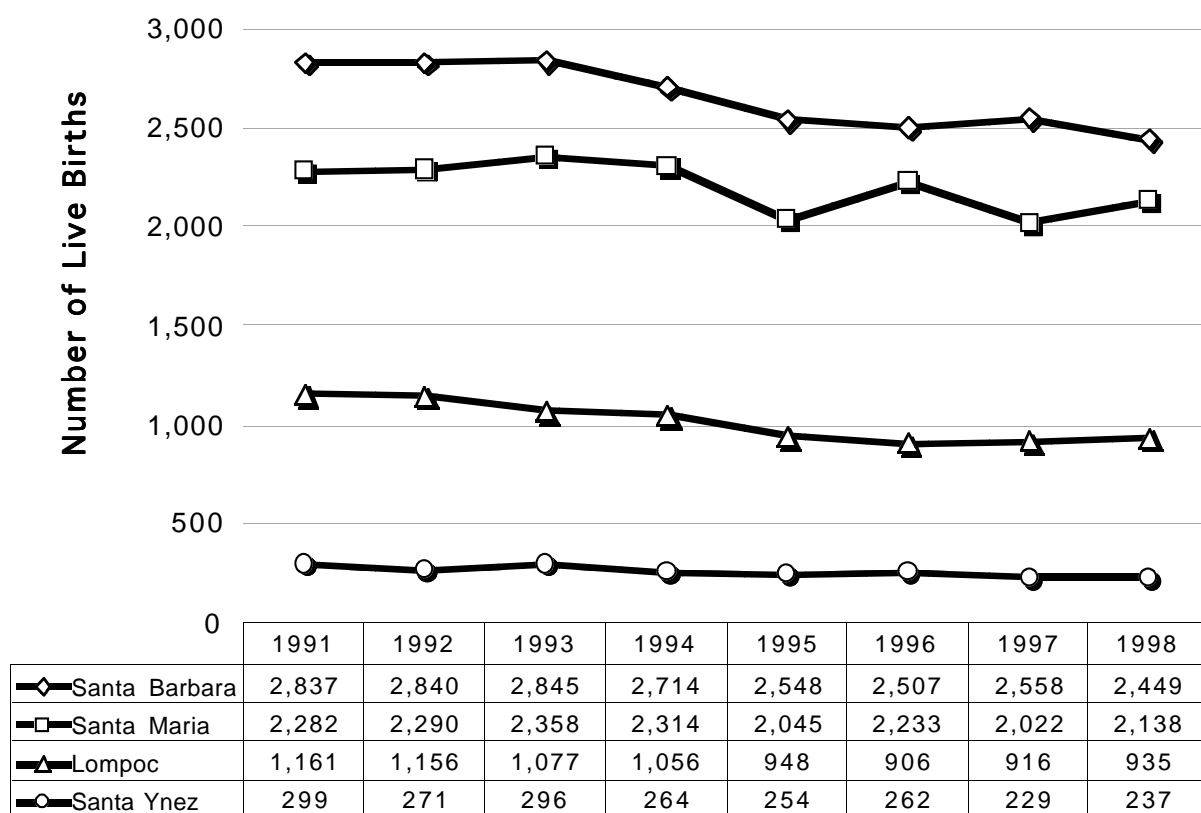


Birth Rates

- There were a total of 5,759 live births to Santa Barbara County residents in 1998.
- The birth rate has been declining slightly over the past 5 years from an average of 6,580 births per year for 1991-1993.
- As indicated in Chart 2, the geographical distribution of births has remained consistent in the 1990s.

[Source: Public Health Dept.]

2. Births to S.B. County Residents 1991-1998, by Region



Ethnicity

- In 1998, 56.2% of births to county residents were Hispanic, followed by White (36.4%), Asian/Pacific Islander (4.2%), African-American (1.9%), Native American (0.6%), and Other (0.6%).
- In 1991, by comparison, Hispanic births comprised 49.5% of total births, followed by White (44.0%).
- In 1999, there were a projected 36,887 children ages 0 to 5 in Santa Barbara County, with 20,410 Hispanic (55.3%), 13,852 White (37.6%), 1,721 Asian/Pacific Islander (4.7%), 778 African-American (2.1%), and 126 Native American (0.3%).

[Source: U.S. Census Bureau; CA Dept. of Finance]

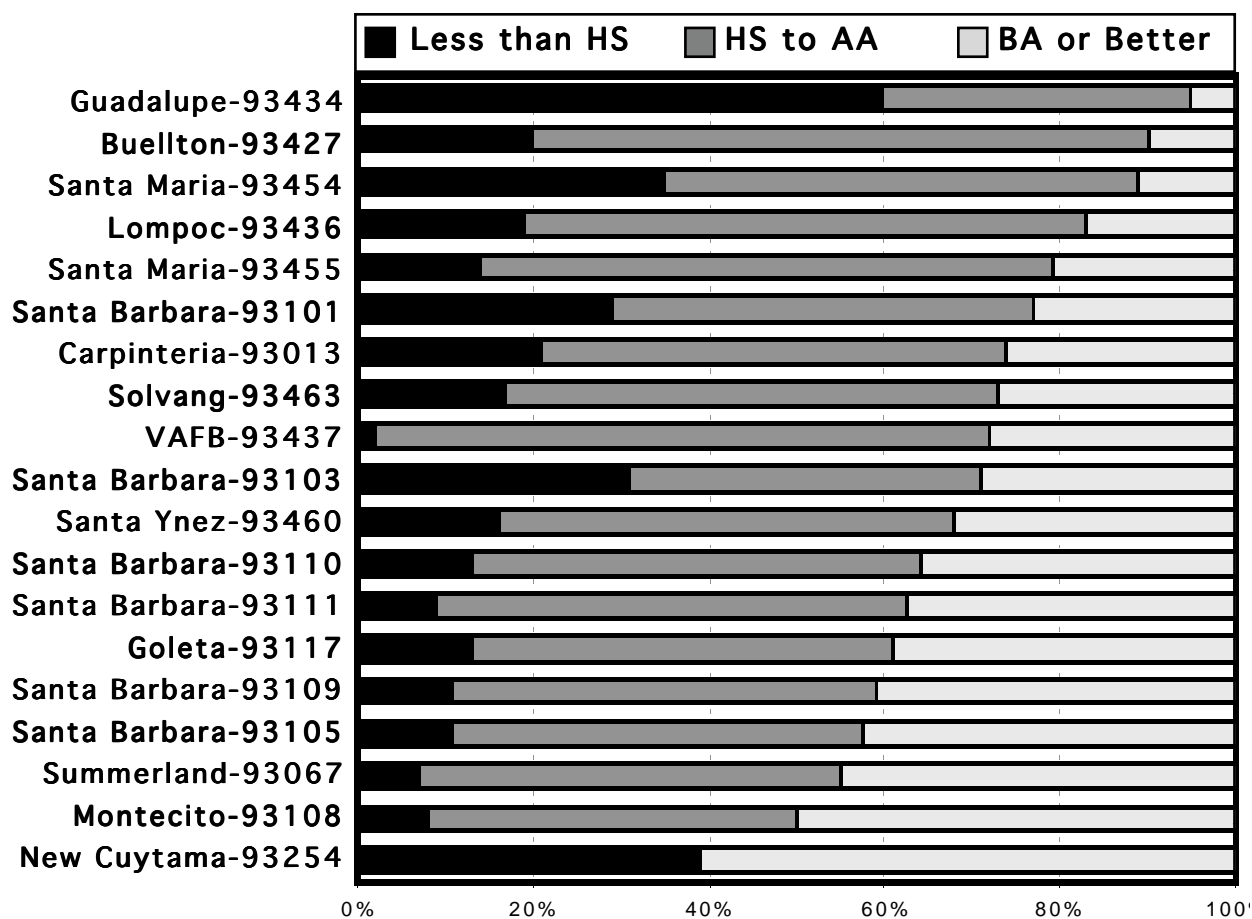
Educational Attainment

- The levels of educational attainment for persons 25 years and older varies greatly by region, as illustrated in Chart 3.

[Source: U.S. Census Bureau; Dept. of Social Services]

3. Educational Attainment for Persons 25 Years and Older

1990 U.S. Census, by ZIP Code



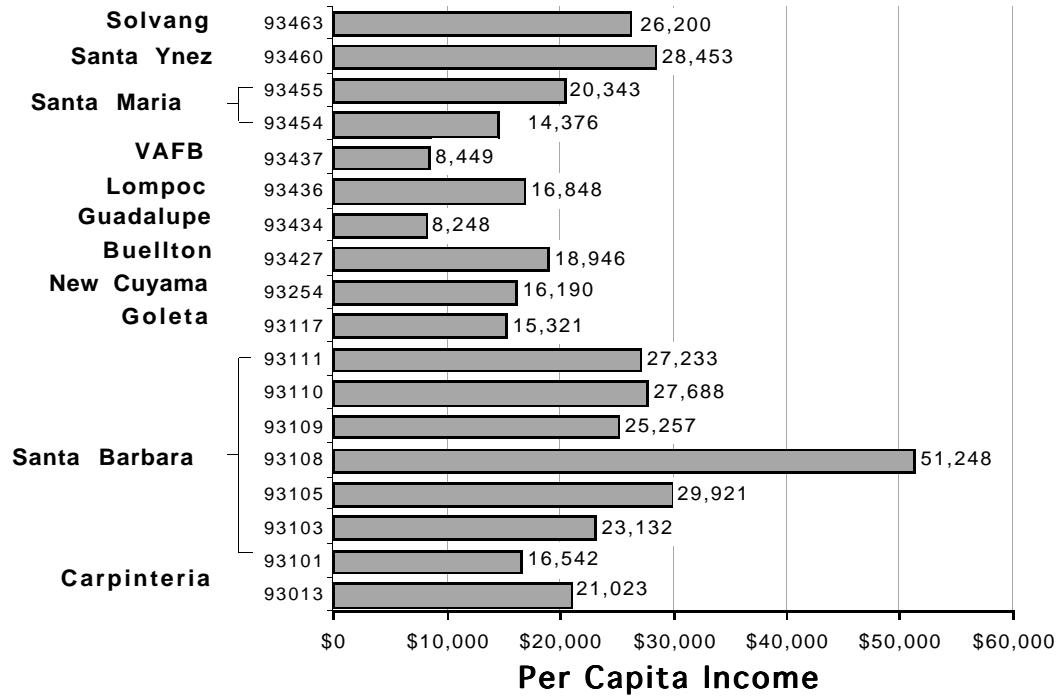
Economic Security

Income

- Per capita income in Santa Barbara County rose 4.7 percent between 1997 and 1998 to a new high of \$28,647, more than \$1,300 greater than the rate for all of California.
- While per capita income exceeded the California average, the county average salary per worker of \$32,000 in 1998 was significantly less than the California average of \$38,400.
- As shown in Chart 4, per capita income (from 1990) varied greatly across county regions.

[Source: U.S. Census Bureau; S.B. Community Indicators]

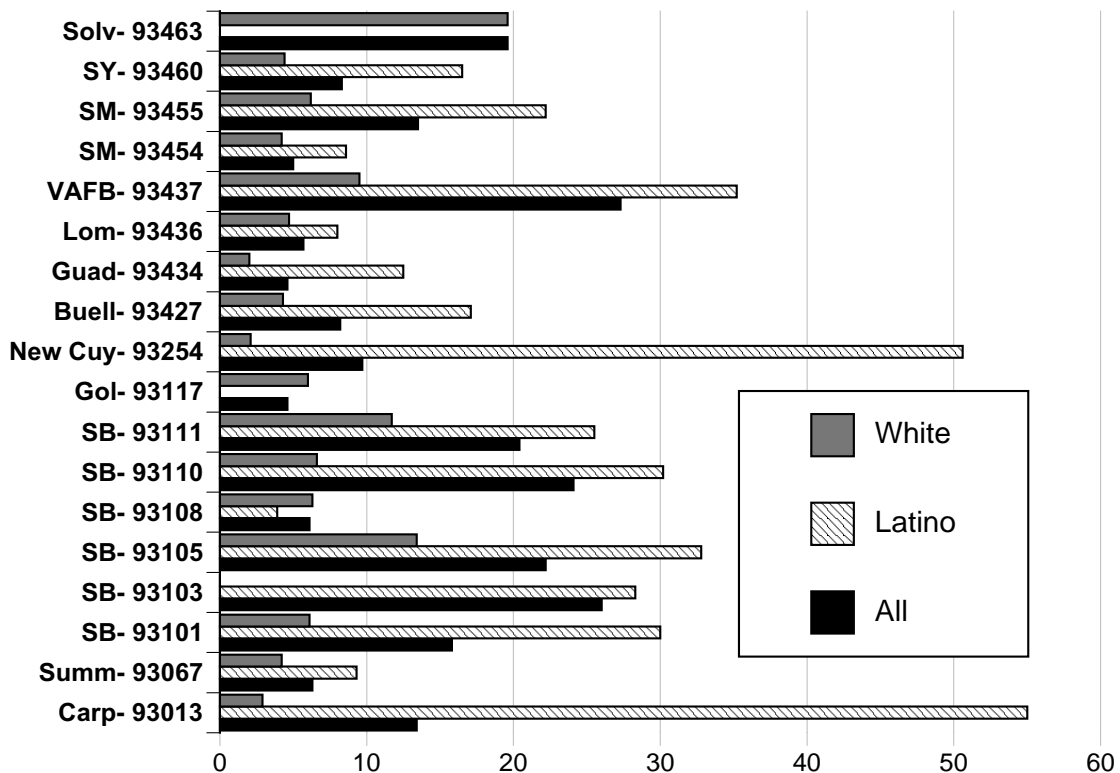
4. Per Capita Income 1990 U.S. Census, by ZIP Code



Poverty

- An estimated 19.1% of county children (all ages) live in poverty. Ethnic breakdown of children under 6 years old is presented in Chart 5.
- In 1990, more than half (52.8%) of children ages 0 to 5 living with single mothers were below poverty.

5. Percent of Children Under 5 Below Poverty 1990 U.S. Census, by Ethnicity and ZIP Code

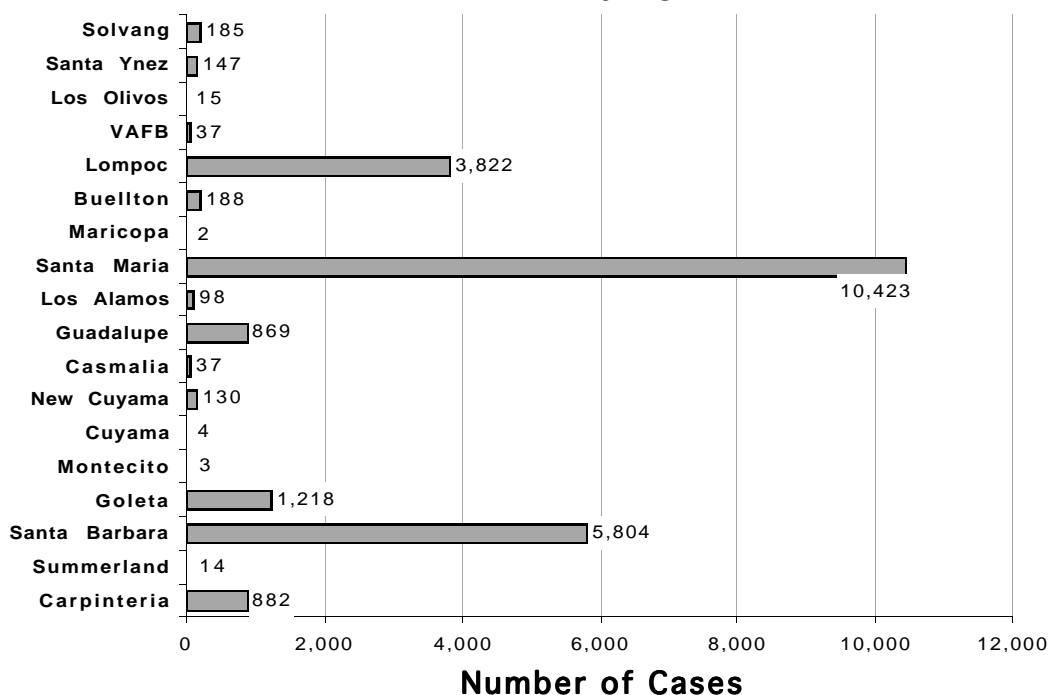


- There are 23,878 unduplicated cases on some form of public assistance in the county as of August 31, 1999, an increase of 4.5% in six months (see Chart 6).
- 25,330 children in Santa Barbara County Schools, or 41% of total enrollment, are in the Free & Reduced Lunch Program.
- Almost half (46.1%) of county births are MediCal eligible (see Chart 7).

[Source: County Office of Education; U.S. Census Bureau; Public Health Dept.; Dept. of Social Services]

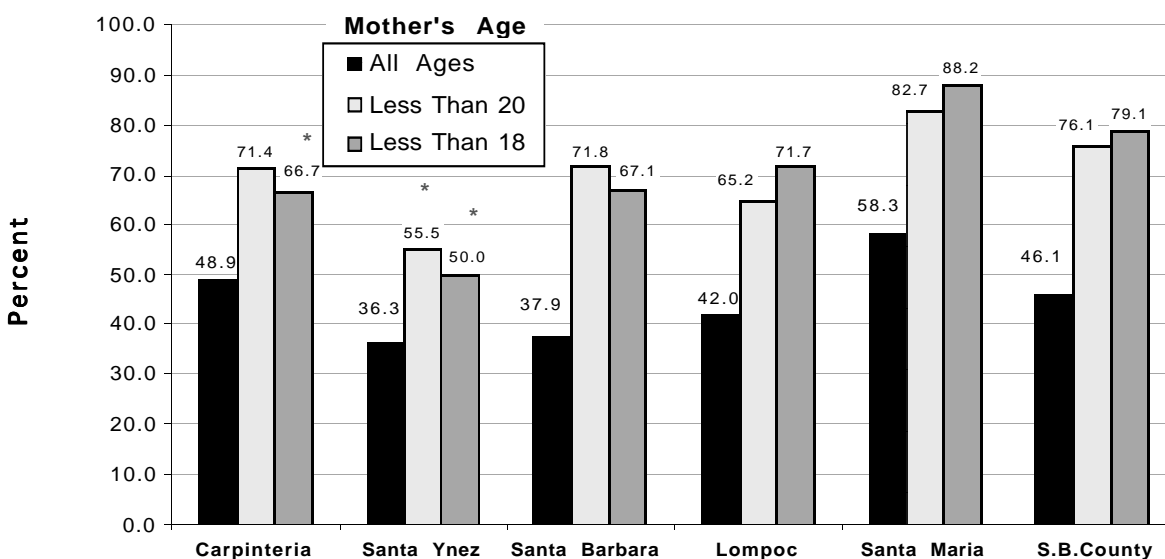
6. Number of Public Assistance Cases

As of 8/31/99, by Region



7. Percentage of Deliveries with Medi-Cal as Potential Pay Source

1998, by Region



* Less than 10 Mothers in each of these groups

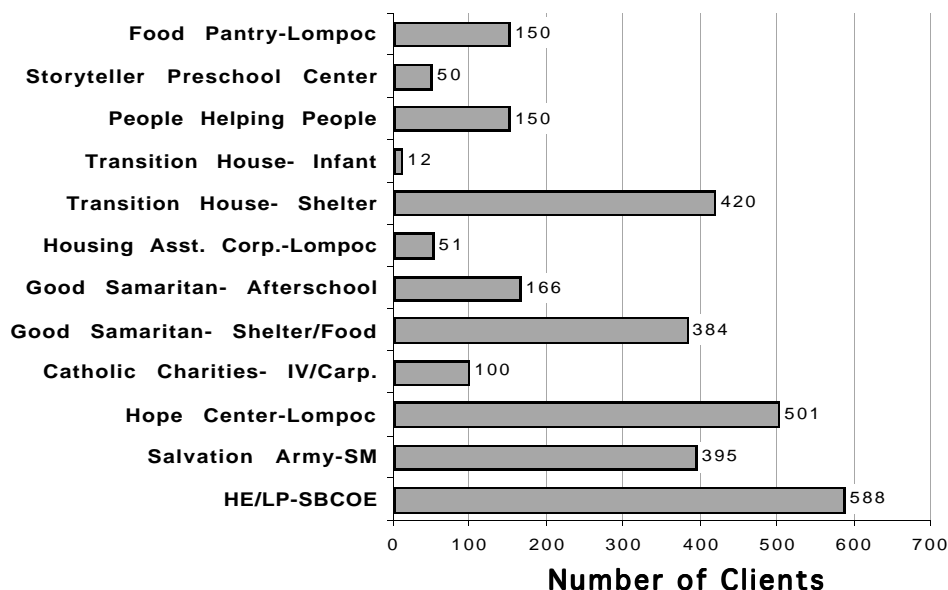
Homelessness

- 834 children in the county have been identified as homeless, with an estimated 30% of those below 5 years old.

[Source: Public Health Dept.; Child Care Planning Council]

8. Number of Homeless Clients Served by Local Agencies

1999, by Agency



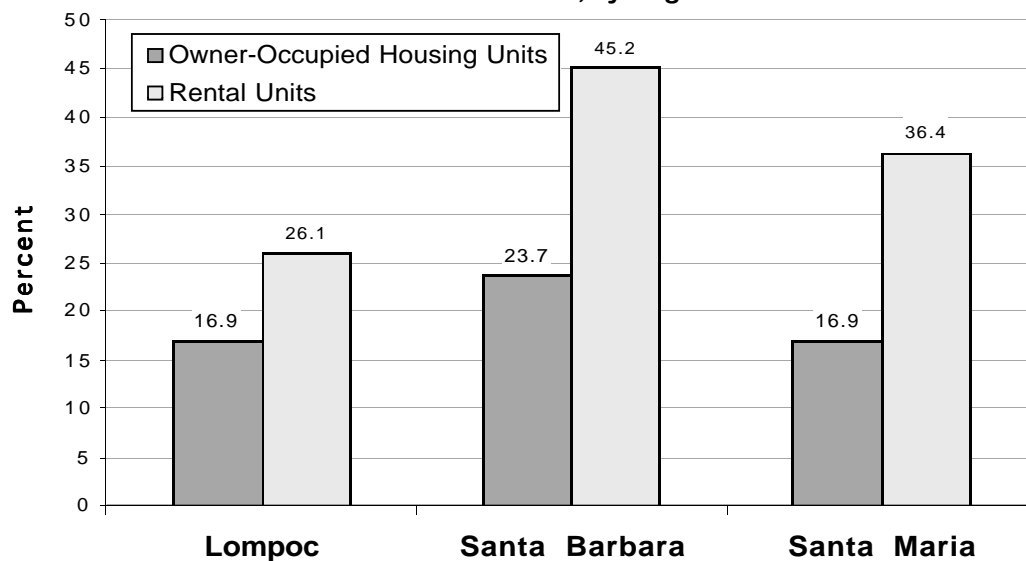
Housing

- In 1999, the median price for a new home in Santa Barbara County was \$267,727, with a substantial difference between North County (\$132,416) and South County (\$421,744).
- Similar differences exist regionally in the amount owners and tenants pay on monthly housing costs, as shown in Chart 9.

[Source: U.S. Census Bureau; Child Care Planning Council]

9. Percentage of Housing Units with Monthly Owner/Tenant Housing Costs Exceeding 35% of Monthly Income

1990 U.S. Census, by Region



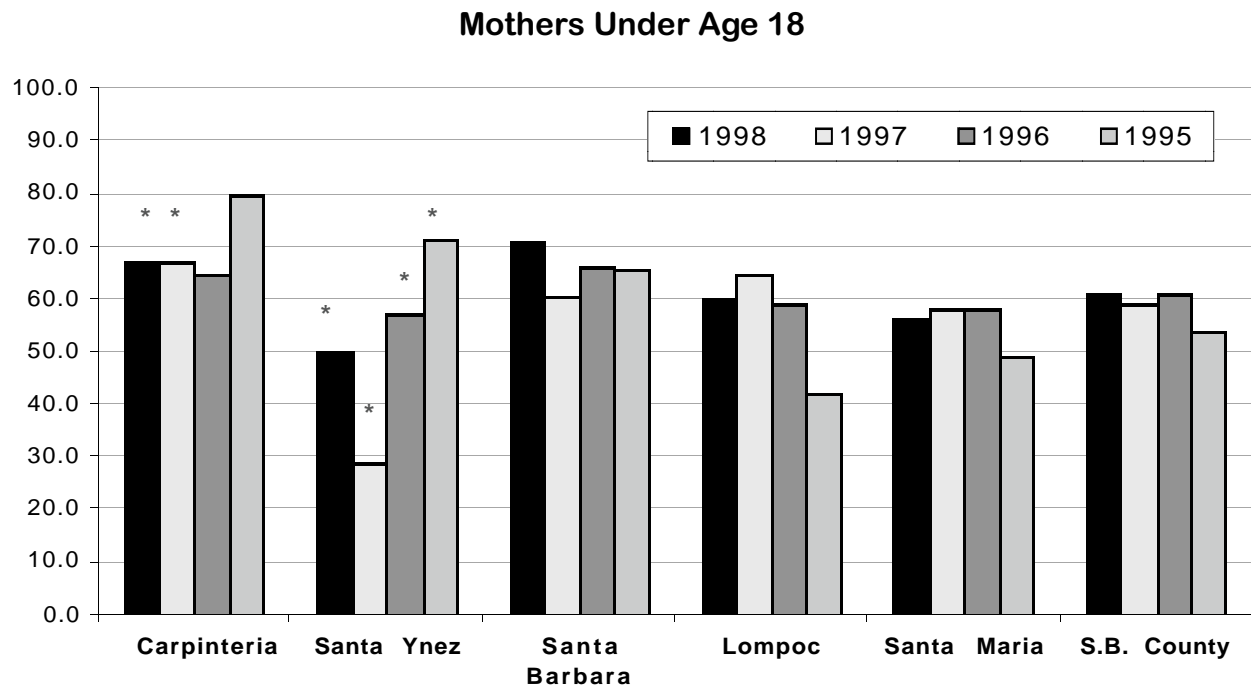
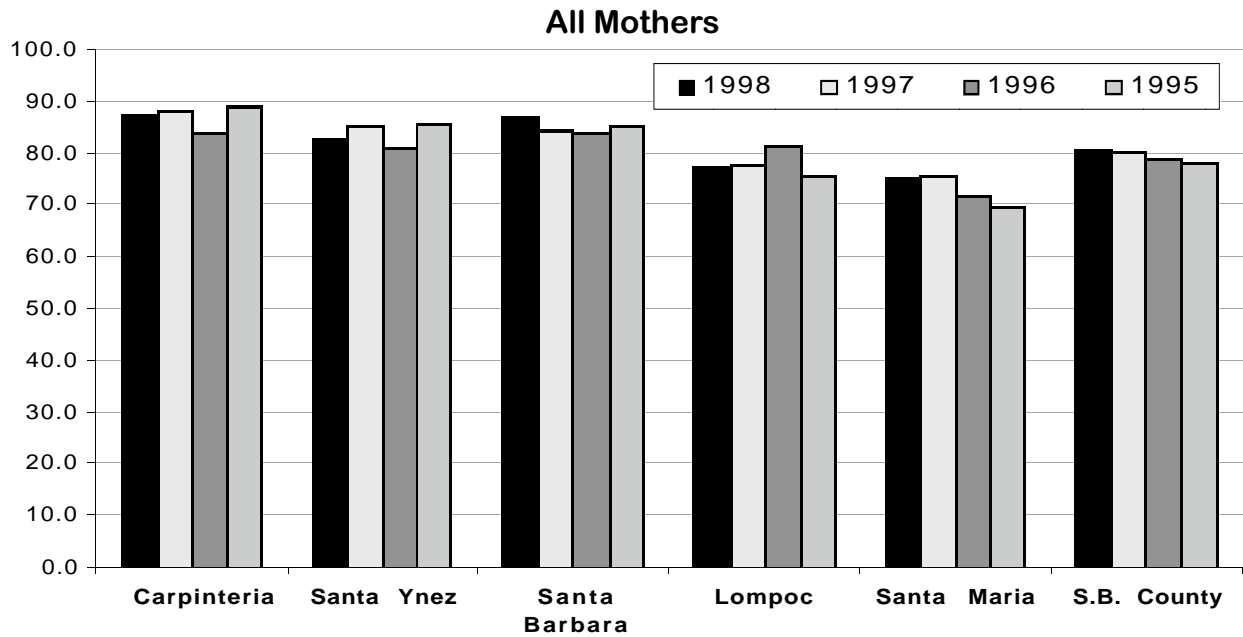
Health, Safety & Wellness

Prenatal Care

- In 1997, the mothers of 79.6% of live born infants received prenatal care during the first trimester in Santa Barbara County, up from 75.2% in 1990.
- As shown in Chart 10, this rate was considerably lower for teenage mothers (under 18).

[Source: Public Health Dept.]

**10. Percentage of Mothers Receiving Prenatal Care During First Trimester
by Region and Year**

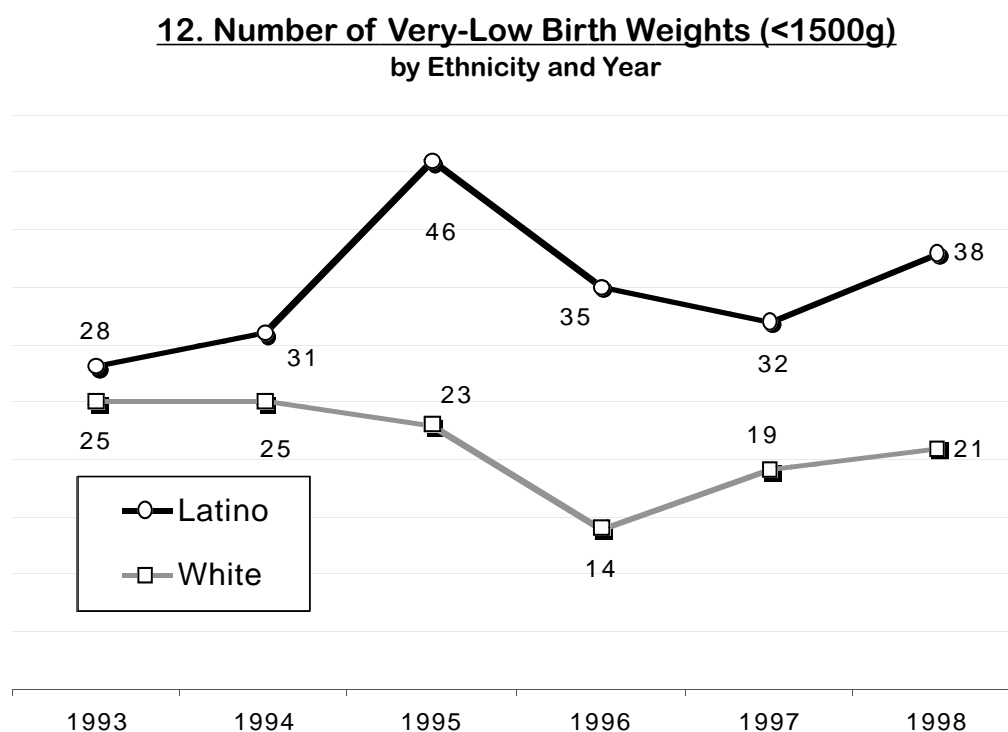
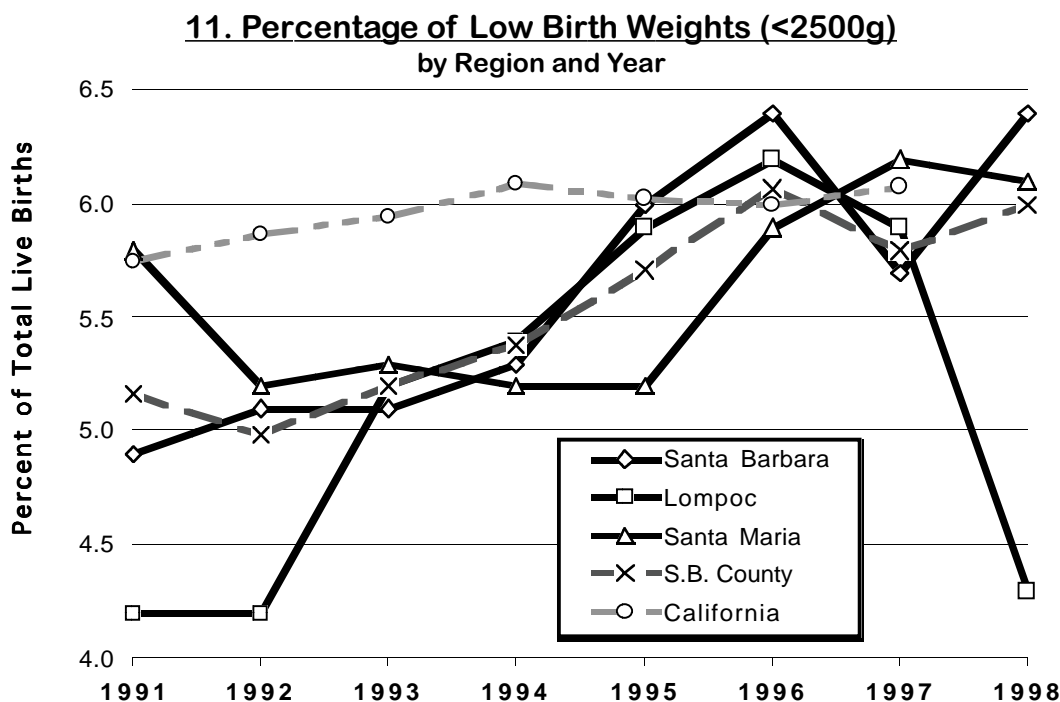


* Less than 10 Mothers in each of these groups

Low Birth Weights

- In 1997, 5.8% of live births in Santa Barbara County were low birth weight (<2500g), up from 4.9% in 1990. The rates for California were 6.2% in 1997 and 5.8% in 1990 (see Chart 11).
- In 1997, 1.0% of live births in Santa Barbara County were very low birth weight (<1500g), compared to 0.8% in 1990. The rates for California were 1.1% in 1997 and 1.0% in 1990.

[Source: Public Health Dept.; Children's Scorecard 1999]



Teen Births

- In 1998, there were 268 births to Santa Barbara County resident mothers under the age of 18, with more than half of these occurring in Santa Maria (see Chart 12).

[Source: Public Health Dept.; Children's Scorecard 1999]

13. Number of Births to Mothers Under the Age of 18 1998, by Region and Year

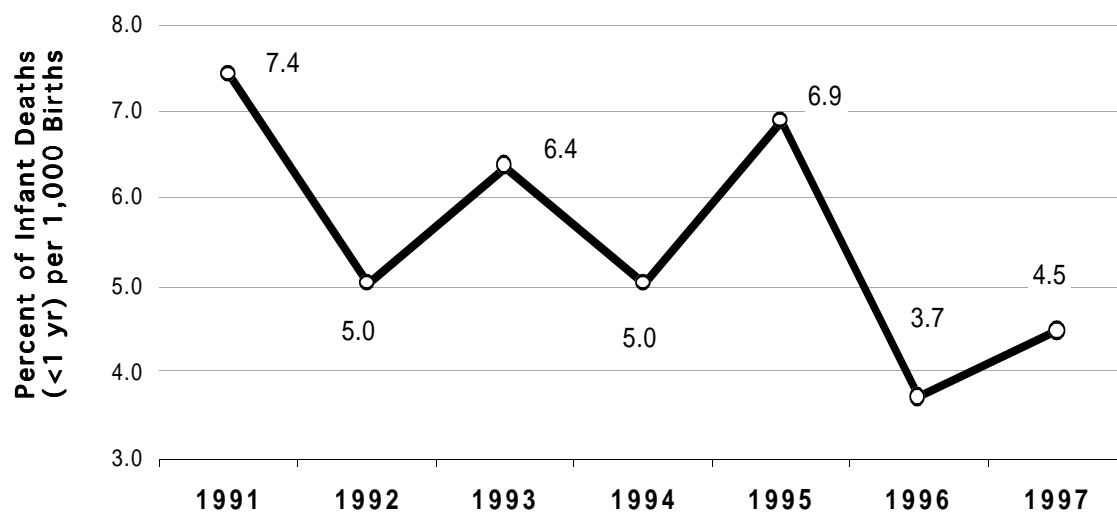
Community	1993	1994	1995	1996	1997	1998
Santa Maria	150	163	126	140	129	134
Santa Barbara	90	76	106	96	89	70
Lompoc	65	61	60	44	54	46
Carpinteria	19	9	10	17	10	6
Guadalupe	11	9	11	11	11	9
Santa Ynez	5	8	8	7	7	2

Infant Mortality

- In 1997, the infant mortality rate (deaths to infants less than 1 year of age per 1,000 births) was 4.5% for Santa Barbara County, down from 7.4% in 1991 (see Chart 13).

[Source: Public Health Dept.]

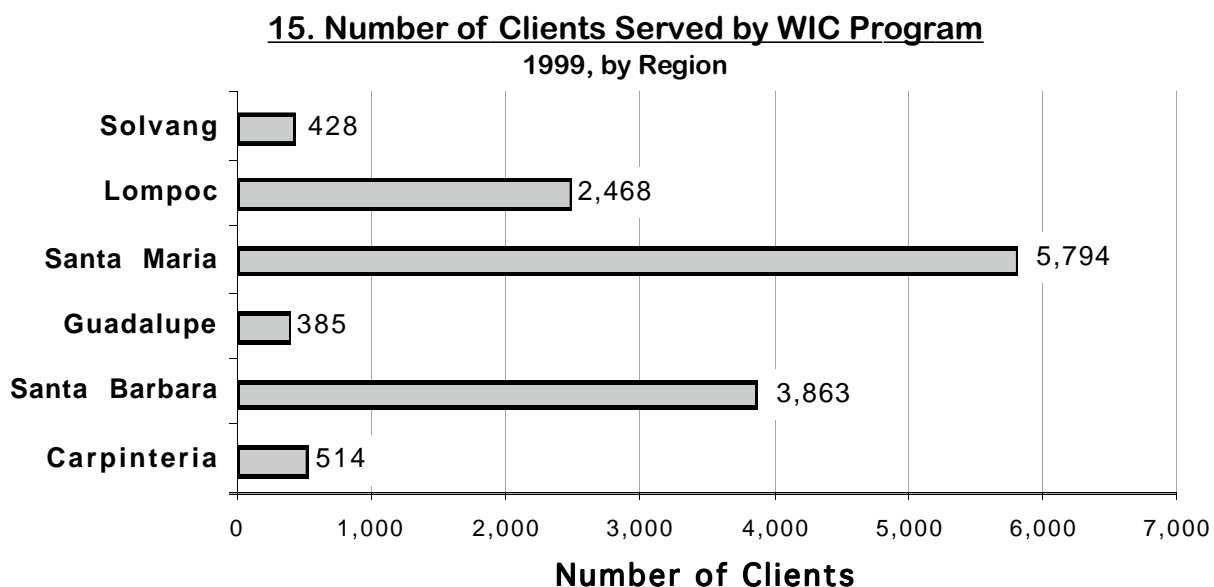
14. Infant Mortality Rate for S.B. County by Year



Nutrition

- In 1999, 13,452 clients participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in Santa Barbara County (see Chart 14).

[Source: Public Health Dept.]

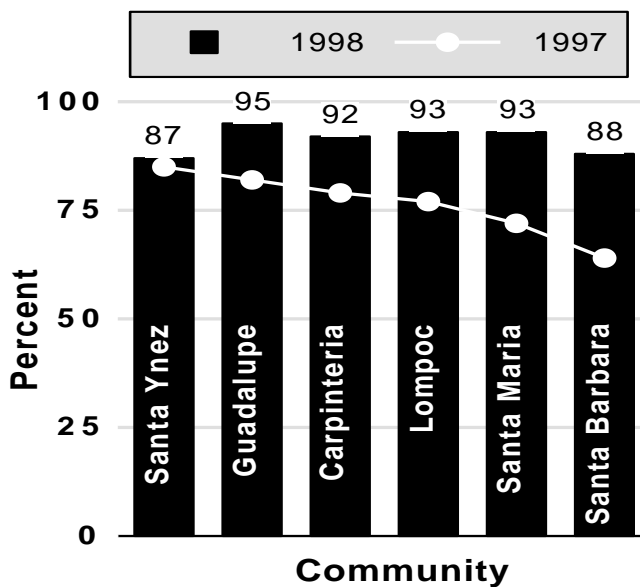


Immunizations

- In 1997-8, 97% of children were immunized for polio and DPT at kindergarten entry; 95% were immunized for MMR; 72% were immunized for Hepatitis B, a new requirement for 1997.
- Preschool programs reported that 91% of children had completed all immunization requirements at entry.

[Source: KIDS Network; Children's Scorecard 1999]

16. Percent of Children Fully Immunized at Kindergarten Entry
1997-8, by Region

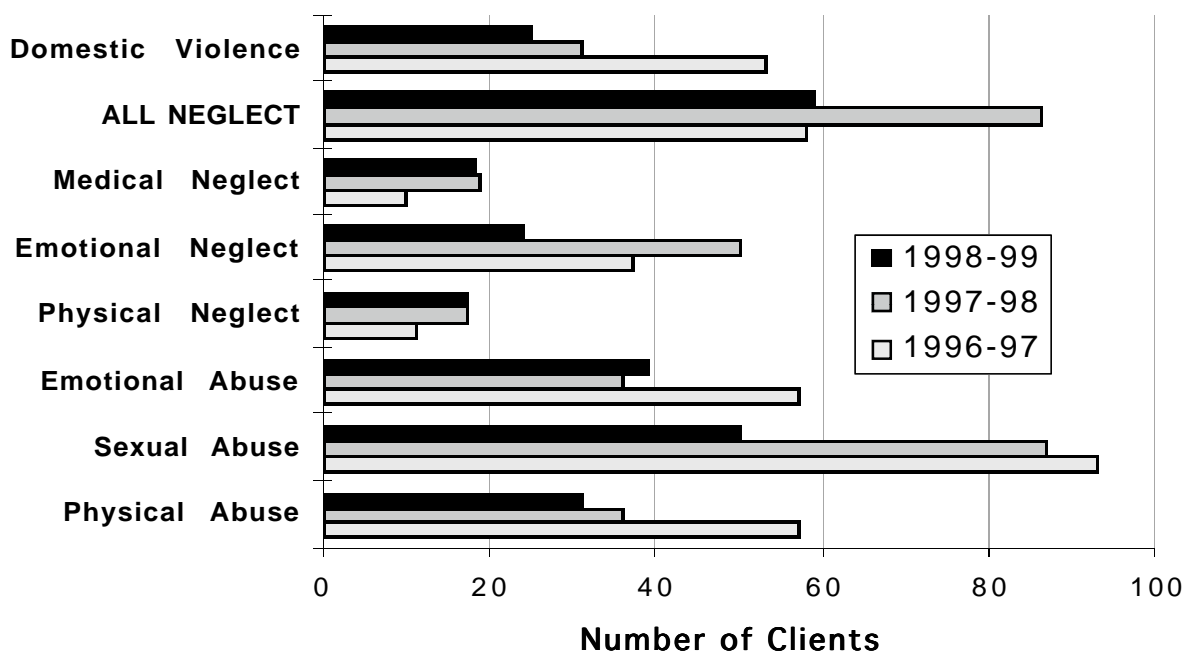


Injury/Abuse

- In 1998, Child Protective Services (CPS) documented 8,416 reports of child abuse, a 10% decrease from 1997. However, Santa Barbara County still has a rate of at least 92.5/1,000 maltreated children, nearly 4 times the national Healthy Communities 2000 standard of 25.2.
- Of these reported cases, only 449 received counseling treatment from agencies funded by the Human Services Commission specifically to do child abuse counseling (see Chart 15).
- In 1998, 31% of the survivors of sexual abuse served by the Sexual Assault Response Team (SART) were under the age of 8, with 9% ages 0 to 3, and 22% ages 4 to 7.
- Out of 2,297 domestic violence reports to which the Domestic Violence Response Team (DVRT) responded in 1998, 4,160 children were found to have been exposed to violence between the adults in their home.

[Source: Public Health Dept.]

17. Types of Child Abuse Treated by CALM (Child Abuse Listening & Mediation) by Year



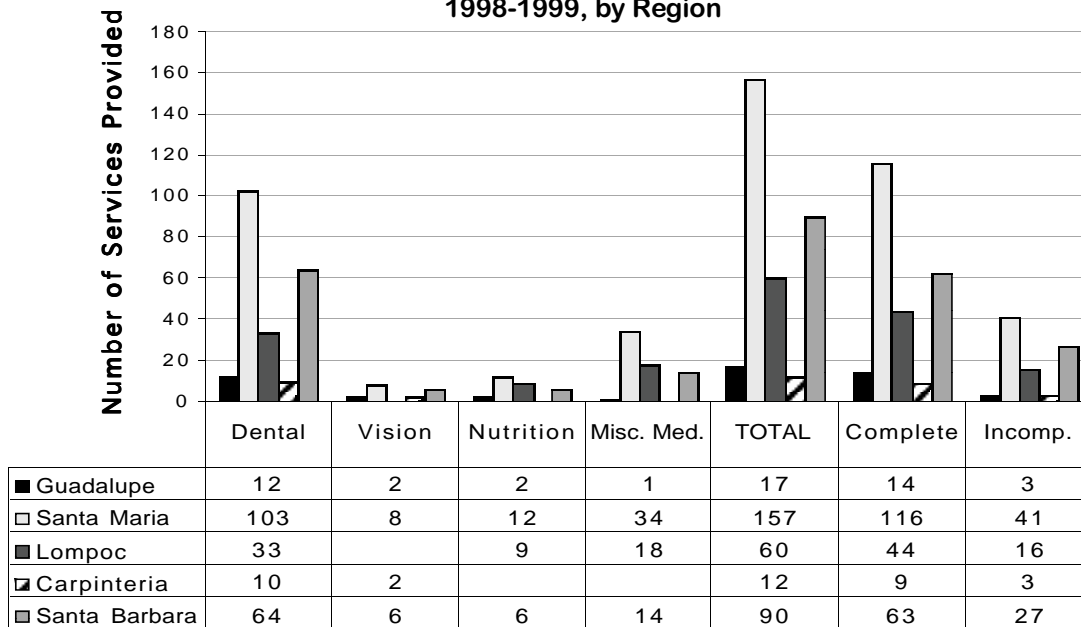
Dental and Health Care Services

- Of the 1,558 children referred by the Child Health and Disability Prevention (CHDP) program to private dentists for treatment in 1997-1998, only 905 (58%) received treatment. Of these, more than half were under 5 years of age and only 210 were covered by Denti-Cal insurance.
- Chart 16 shows the number and type of CHDP services provided by region. The “Incomplete” category indicates cases where a referral was made, but no treatment occurred (for any reason).

[Source: Public Health Dept.; Health Care Services]

18. Number and Types of CHDP Services

1998-1999, by Region



Early Care and Education

Childcare Supply and Demand

- During 1998-9, there were 2,519 referrals made for child care services from the Children's Resource & Referral Program, seeking placements for 3,511 children (see Chart 19).
- In 1998, there were 177 licensed childcare centers with a capacity of 204 spaces for infants/toddlers (ages 0 to 2) and 5,358 spaces for preschoolers (ages 2 to 5; see Chart 20). In 1999, there were 245 infant spaces with a planned increase of 32 infant spaces in early 2000. There were 407 licensed family childcare homes with a capacity of 3,922 spaces for all ages in 1998.
- Of the estimated 12,457 total childcare slots in 1999, 1,800 were occupied by children in families receiving childcare subsidies. In 1999, there were an estimated 6,574 children on childcare waiting lists, with at least 2,000 of these awaiting subsidized slots.

19. Percent of Requests for Child Care

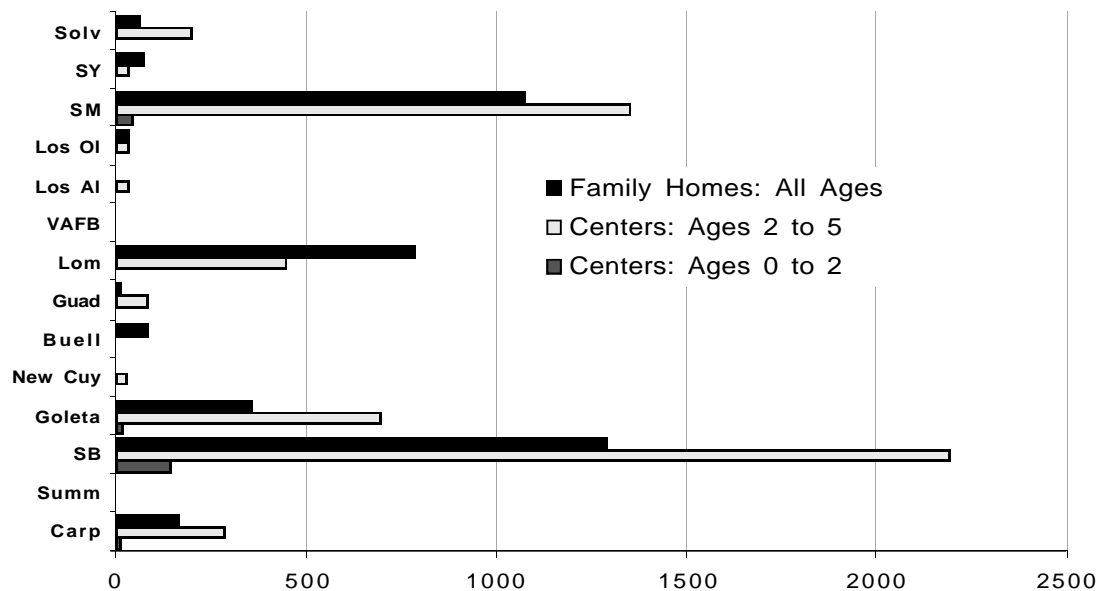
1997-1999, by Region

North 97-98 North 98-99 South 97-98 South 98-99				
Age of Child	%	%	%	%
Infants (0-2)	31	32	46	48
Preschool (2-5)	47	44	40	40
School Age (6-12)	22	25	14	13
Reason Need Care	%	%	%	%
Employment	60	49	67	69
School/Training	27	29	13	14
Seeking Employment	5	12	5	7
Other	8	10	15	10

- Chart 21 depicts the number of childcare spaces relative to the number of children ages 0 to 5 enrolled in the TANF (Temporary Assistance for Needy Families, now CalWORKs) program for 1997. Higher numbers reflect greater capacity relative to the population of needy children. As is indicated, childcare capacity for needy children is much lower in the North County compared to the South County.

[Source: Child Care Planning Council; PACE Childcare Indicators; Children's Scorecard 1999]

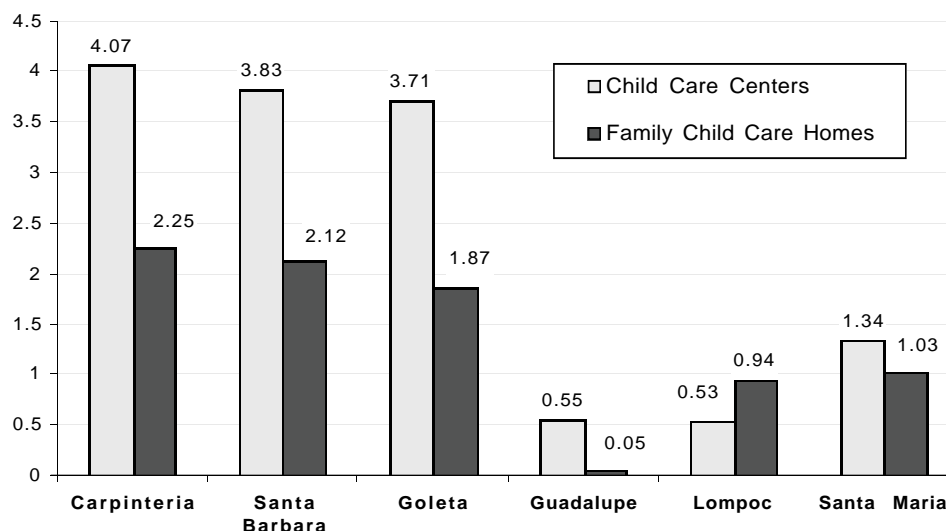
20. Licensed Childcare Capacity Based on PACE 1998 Childcare Indicators, by Region



	Carp	Summ	SB	Goleta	New Cuy	Buell	Guad	VAFB	Los Al	Los Ol	SM	SY	Solv
Family Homes: All Ages	162	0	1290	358	0	82	8	0	0	30	1072	74	62
Centers: Ages 2 to 5	284	0	2190	694	24	0	81	0	30	30	1352	30	201
Centers: Ages 0 to 2	9	0	140	15	0	0	0	0	0	0	40	0	0

Number of Child Care Slots

21. Ratio of Childcare Spaces to Children in TANF Families, Ages 0-5 Based on PACE 1998 Childcare Indicators, by Region

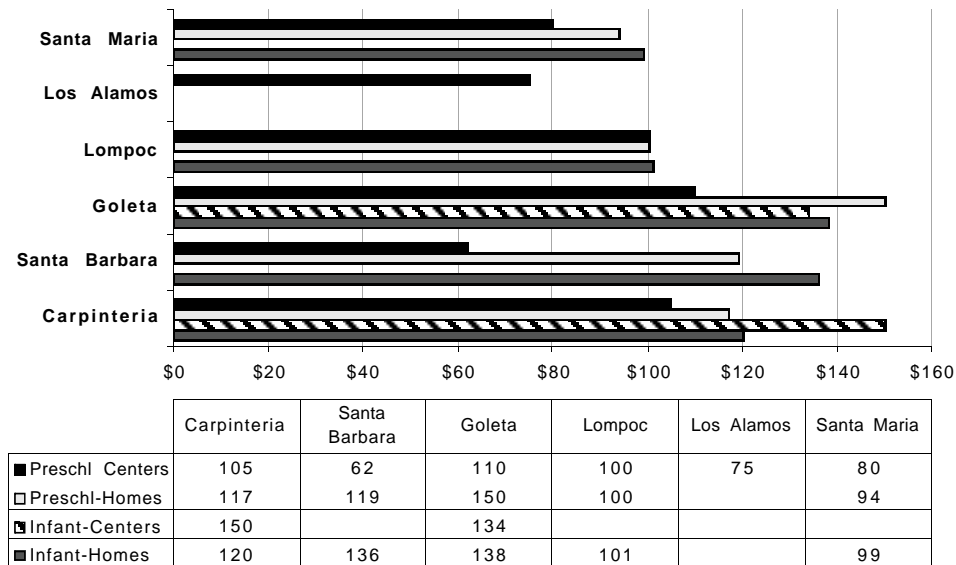


Childcare Cost

- The average weekly cost for childcare, as reported by licensed care providers in 1999, varied substantially by region and setting, as shown in Chart 22.

[Source: Child Care Planning Council]

**22. Cost of Full-Time Childcare in Licensed Settings
1999, by Region**



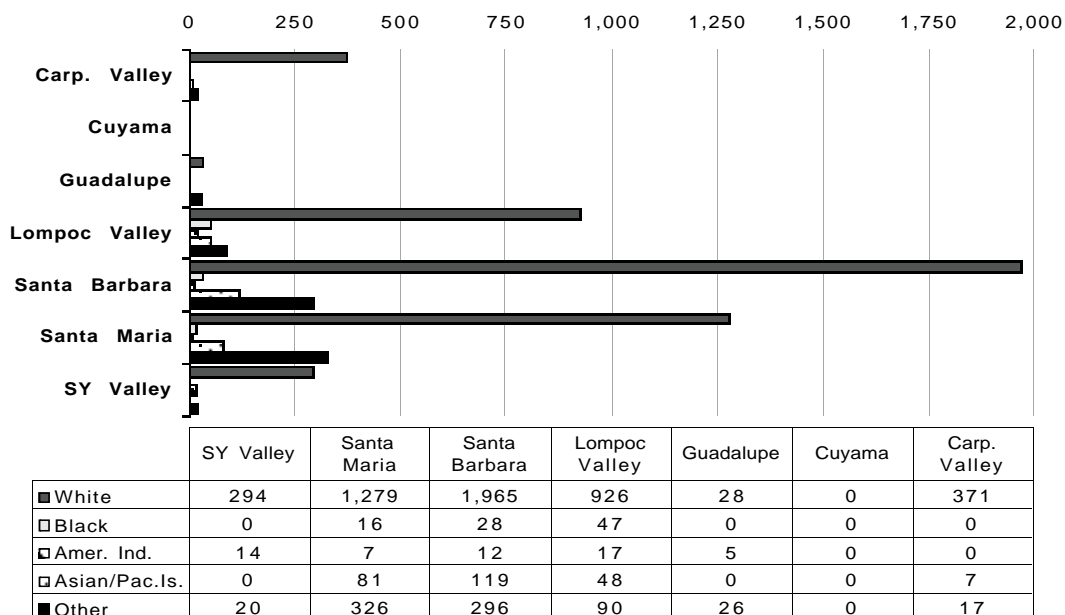
Average Weekly Cost (\$)

Preschool Enrollment

- According to 1990 U.S. Census data, There are more white children in county preschools than any other ethnic group as illustrated in Chart 23.

[Source: U.S. Census Bureau]

**23. Number of Children Enrolled in Preschool
1990, by Ethnicity and Region**



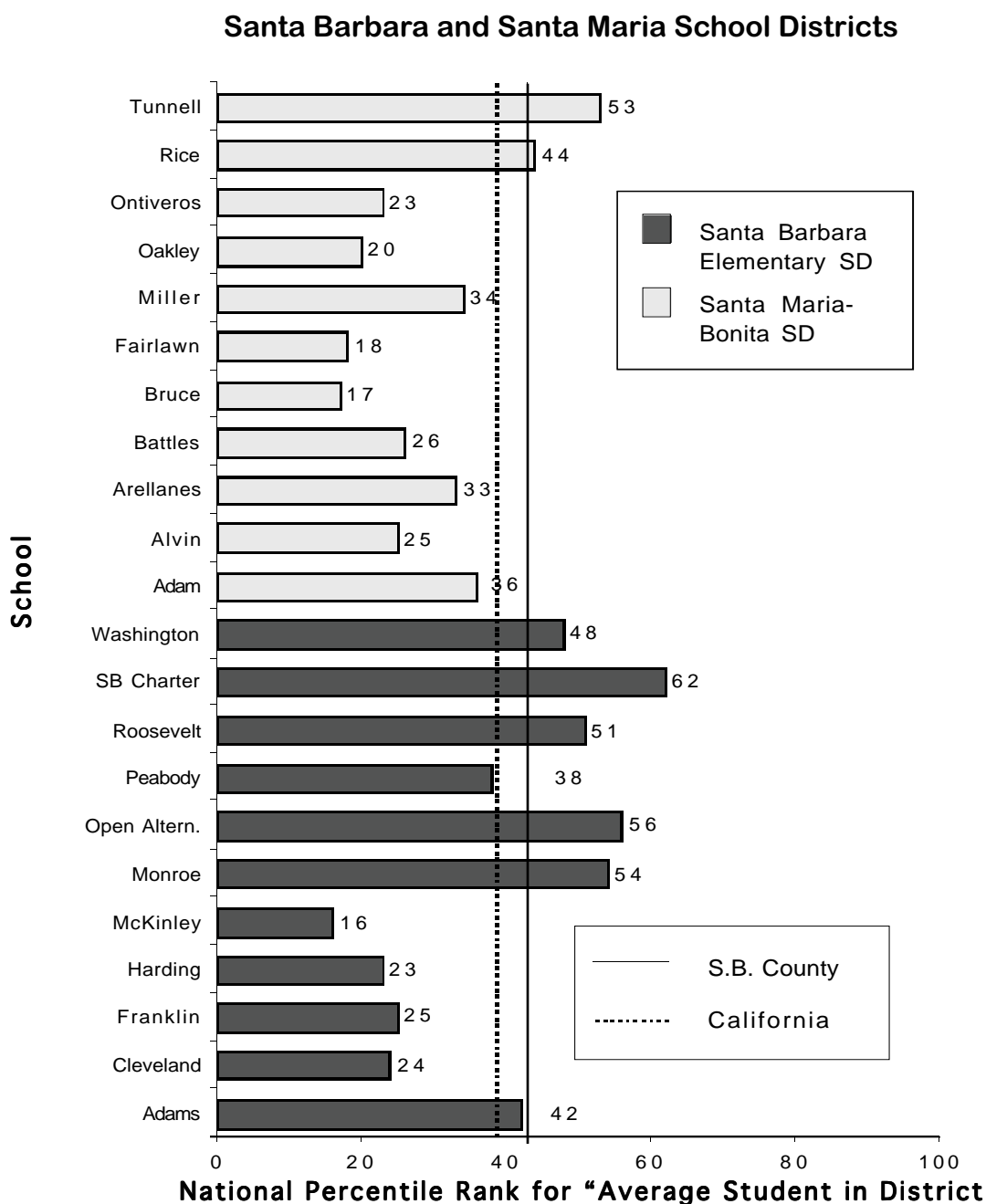
Number of Children

Academic Performance

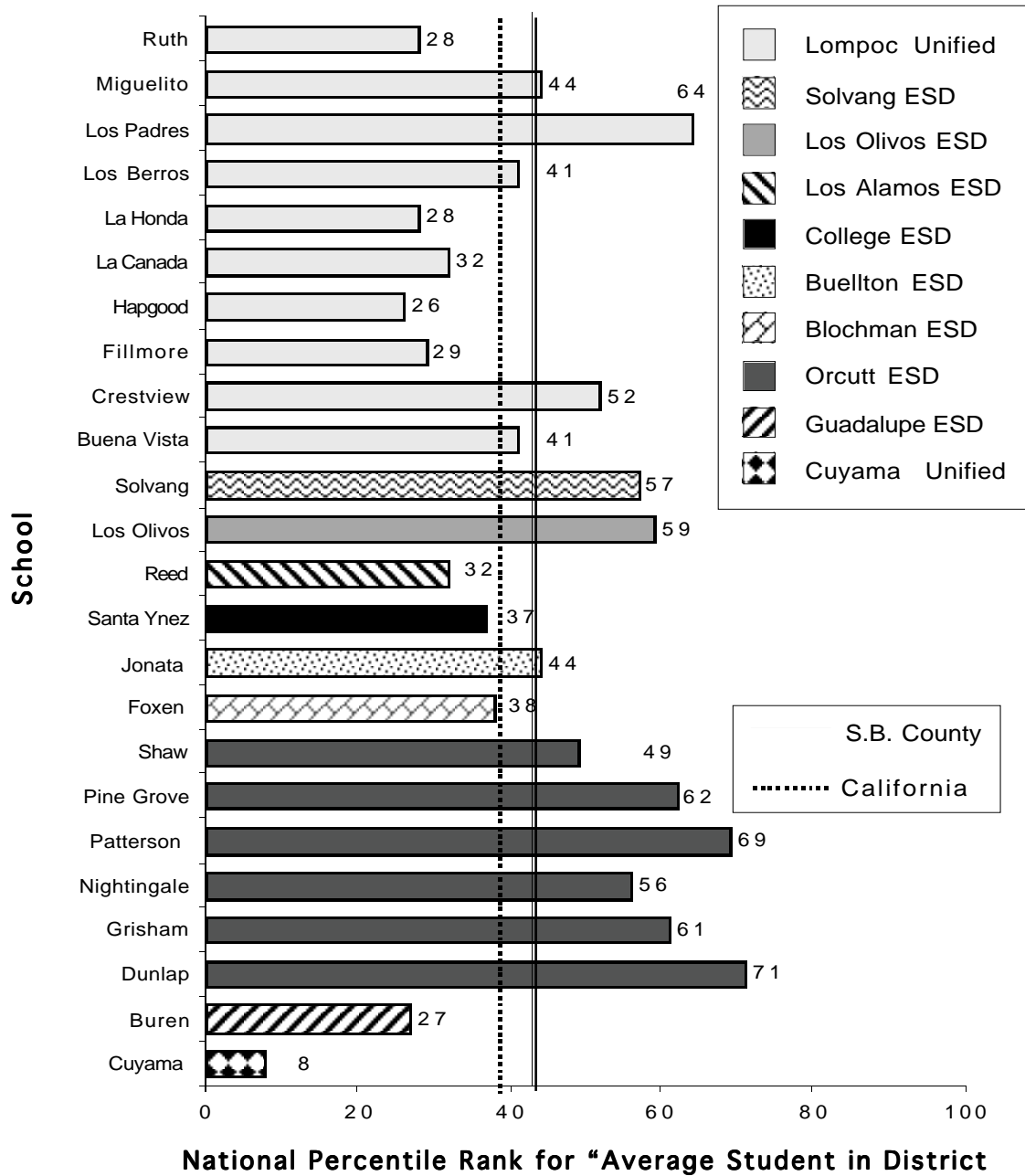
- Chart 24 displays the results of standardized 2nd-grade reading scores on the Stanford Achievement Test, Ninth Edition (SAT-9) from Spring, 1998. All county schools that administered the test to 2nd-graders and reported scores are presented. As shown, reading achievement varied greatly across geographical regions and, sometimes, across schools within the same district. Note, these scores represent averages of all students taking the test, including those classified as Limited English Proficient [LEP, now English Language Learners (ELL)].

[Source: CA Dept. of Education]

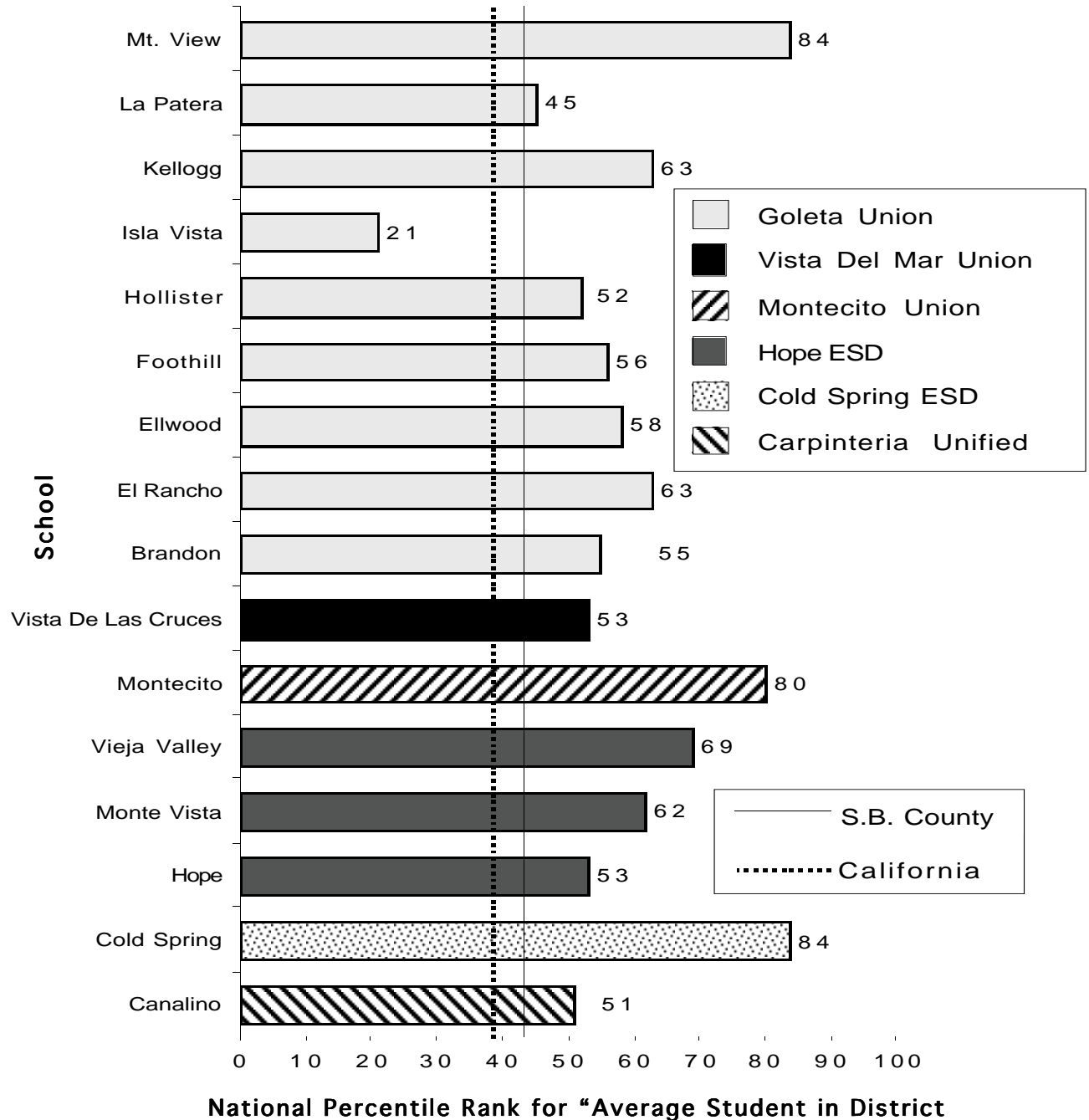
24. SAT-9 Reading Achievement Scores for Second Grade Spring 1998, by School and District



North and Central County Districts



South County Districts

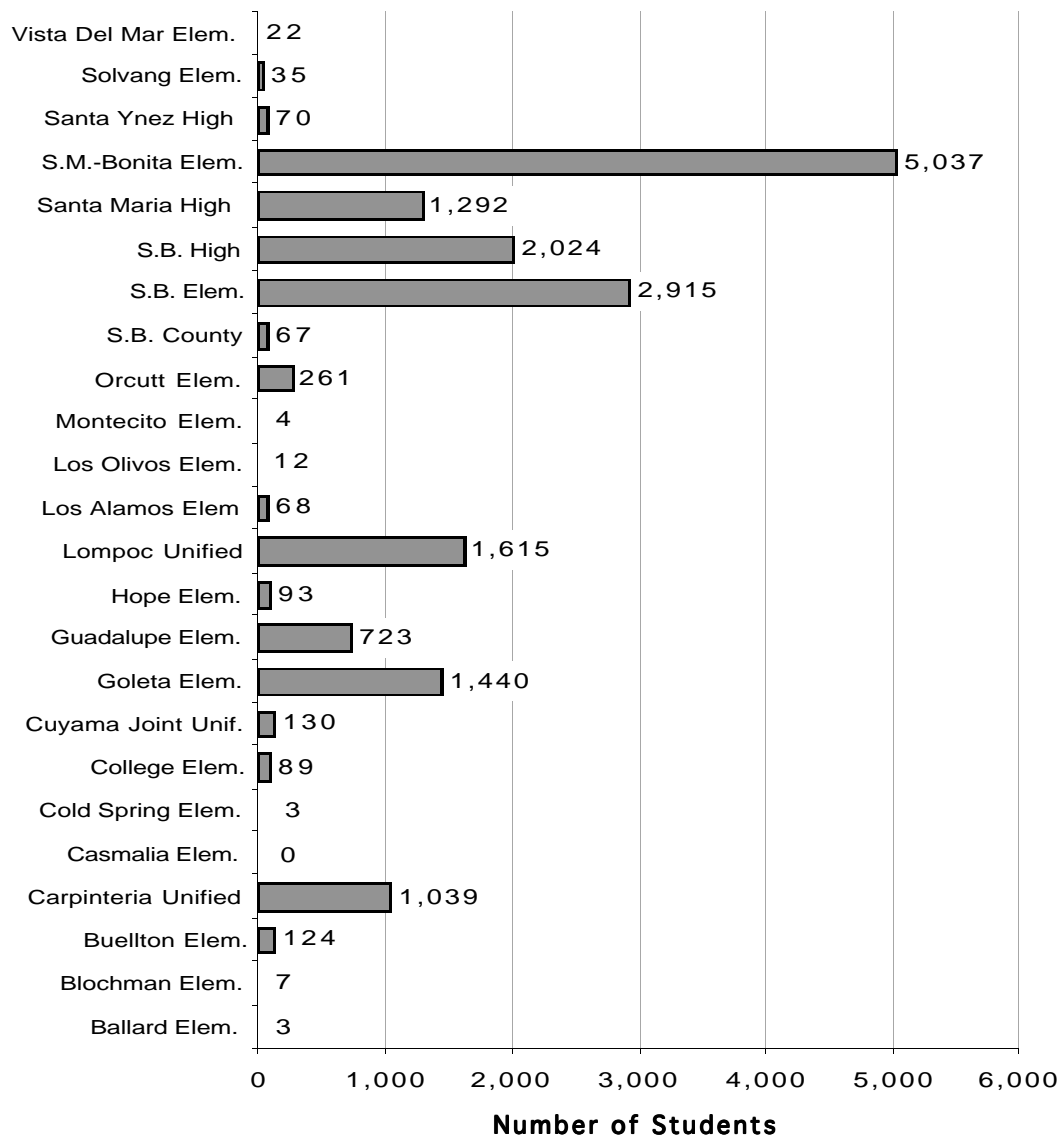


Culturally/Linguistically Diverse

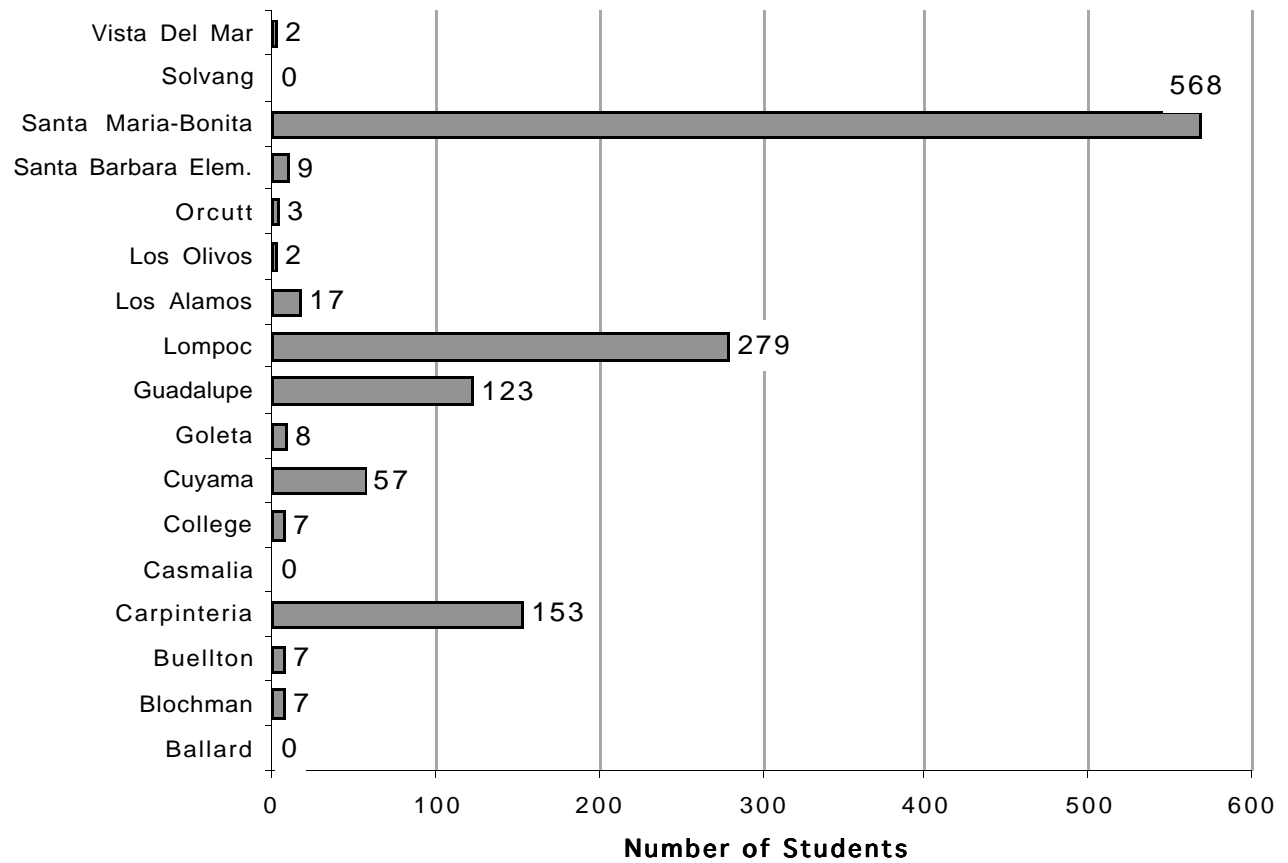
- In Spring 1999, there were 17,173 Limited English Proficient (LEP, now English Language Learners) students (all ages) in Santa Barbara County schools. Of these, 93.9% reported Spanish as their primary language, 1.4% reported Hmong, 0.7% Filipino, 0.4% Vietnamese, and 0.3% Korean (see Chart 26).
- In 1998-1999, there were 1,242 children ages 0 to 5 enrolled in Migrant Education Programs, with nearly half of them (45.7%) in the Santa Maria-Bonita School District (see Chart 27).

[Source: County Office of Education; Migrant Education Programs]

26. Number of LEP Students in S.B. County Schools **Spring 1999, by School District**



27. Number of Students Ages 0 to 5 in Migrant Education Programs
1998-1999, by School District





Attachment 3

Community Meeting Summaries

Community Forum Feedback

Overview of Family Town Meetings

As previously outlined, a series of Family Town Meetings were held in Carpinteria, Cuyama, Goleta, Guadalupe, Lompoc, Los Alamos, Santa Barbara, Santa Maria, and Solvang. One additional meeting was held in Santa Barbara for families with children with special needs. During the meetings, facilitators engaged parents in a series of scripted questions designed to elicit their input regarding their knowledge and use of existing services, the perceived barriers to accessing these services, and what services they would like to see implemented in their community. Groups were conducted in both English and Spanish. Additionally, parents were encouraged to complete written surveys, the results of which are presented in Attachment 5.

Community Services Identified

Each group was asked to identify services they knew about in each of the following domains: a) Health Care, b) Childcare, c) Early Childhood Education, d) Parent Support, and e) Parent Education. The most frequently cited responses are listed below (in no particular order):

Health Care

1. Community clinics
2. CHDP and DART Dental Team
3. WIC
4. Healthy Start
5. Hospitals
6. Medi-Cal/Denti-Cal
7. Emergency services
8. Private doctors and dentists

Childcare

1. Head Start
2. Family childcare homes
3. Various childcare centers
4. Resource & Referral Network
5. Parent co-ops
6. Home care- parents, friends, and neighbors
7. YMCA
8. State preschools

Early Childhood Education

1. Head Start
2. State preschools
3. Migrant Education
4. Early Intervention/Special Education
5. Various childcare centers
6. UCSB & Community Colleges
7. YMCA

Parent Support

1. Family Service Agency
2. Healthy Start
3. Dorothy Jackson Center
4. Allan Hancock College
5. Public assistance programs
6. People Helping People
7. Various parent organizations
8. SAPID
9. CALM
10. Tri-Counties Regional Center

Parent Education

1. Community Colleges
2. Healthy Start
3. County Office of Education
4. Confident Parenting classes
5. ESL classes
6. Migrant Education- Even Start and Head Start
7. Tri-Counties Regional Center

Parents were also asked to list the barriers to accessing services. The following is a list of the most common barriers, roughly in order of frequency of endorsement.

Barriers

1. Transportation
2. Cost
3. Hours of operation/scheduling conflicts
4. Eligibility/don't qualify for programs
5. Lack of knowledge about services
6. Language/cultural issues
7. Long waiting lists
8. Isolated/no services available

There were some important regional differences in barriers to services. Specifically, parents from isolated communities with few services (i.e., Cuyama, Guadalupe, and Los Alamos) were more vocal about transportation and lack of local services as significant impediments to accessing services. Many families in Los Alamos, for example, reported taking their children to the Fire Department for emergency treatment. Cuyama families reported that they have only sporadic access to basic services (i.e., health clinic once a week, WIC once every 2 months).

A majority of families also expressed frustration that because one or both parents worked, they made too much money to qualify for public assistance programs, yet did not make enough to afford quality or sometimes even basic childcare and health care services.

Creating the Ideal Service Program

Parents were asked to generate their ideal service program, including what services would be offered, where services would be located, and how people would learn about them. Each of these areas is summarized below.

Services Offered

1. Health care clinic- doctors, dentists, emergency care, specialists
2. Child care and preschool services
3. Family activities and recreation
4. Nutrition- hot meals and snacks
5. Referral programs and help with forms/eligibility
6. Parenting classes
7. Transportation
8. Parent support networks
9. Developmental screening
10. Flexible and extended hours of operation
11. Flexible eligibility requirements

Where would it be located?

Most parents indicated preference for services housed under one roof in a central location, especially in the smaller communities. Larger community members expressed a desire for neighborhood satellites located in schools, clinics, or other easily-accessible facilities.

How Would People Learn About It?

1. Newspaper, TV, and radio (Spanish and English)
2. Flyers
3. Word of mouth
4. Schools
5. Direct mail/telephone
6. Community agencies and service providers
7. Places of worship
8. Local markets and businesses



Attachment 4

Parent Survey Summaries

Parent Survey Results

Overview of Parent Surveys

Parents surveys contained a series of questions related to a) demographic information, b) their current childcare situation, and c) their knowledge of existing programs. They were also asked to rank order their perceived importance of a list of service needs, including 1) transportation, 2) medical care, 3) childcare, 4) parent education, 5) prenatal care, 6) nutrition assistance, 7) learning about community resources, and 8) dental health. The survey was available in English and Spanish.

Demographic Information

The following demographic information was primarily summarized for the entire sample of respondents, though data is available for language version, for the sample of parents having at least one child with special needs, and by region of residence.

Number of Respondents

Total Sample: **470**

English: **266**

Spanish: **204**

Carpinteria: **37**

Santa Barbara: **38**

Goleta: **13**

Cuyama: **16**

Guadalupe: **65**

Lompoc: **68**

Los Alamos: **22**

Santa Ynez: **4**

Santa Maria: **189***

* Not all attended Family Town Meetings

Average Age

Total Sample: **33.0** (Similar across all subgroups)

Gender

Total Sample: Female: **78.5%**

Male: **21.5%**

(Both Cuyama and Los Alamos had more than 30% male participation)

Ethnicity

Total Sample: Caucasian: **23.4%**

Latino/a: **72.2%**

African-American: **2.0%**

Asian/Pacific Islander: **0.9%**

Other/Multiple: **1.5%**

Marital Status

Total Sample:	Married:	73.5%
	Single:	19.1%
	Divorced:	3.9%
	Separated:	3.5%

Currently Employed

Total Sample:	57.3%
---------------	--------------

English:	66.5%
Spanish:	44.9%

Carpinteria:	67.6%
Santa Barbara:	73.0%
Goleta:	91.7%
Cuyama:	25.0%
Guadalupe:	51.6%
Lompoc:	46.0%
Los Alamos:	52.4%
Santa Ynez:	75.0%
Santa Maria:	56.9%

Occupation Type

Total Sample:	Homemaker:	14.2%
	Labor/Unskilled:	16.9%
	Agriculture/Farming:	8.4%
	Trades/Skilled:	7.8%
	Sales/Retail:	5.4%
	Clerical:	6.1%
	Vocational:	5.4%
	Manager/Director:	7.1%
	Social Services:	5.1%
	Education/Childcare:	11.5%
	Professional/Academic:	6.1%
	Student:	1.4%
	Other:	4.5%

Educational Attainment

Total Sample:	0-9 Years:	31.1%
	Some High School:	14.1%
	Diploma/GED:	9.1%
	Some College:	18.0%
	Voc/Tech School:	10.0%
	BA Degree:	10.0%
	Prof/Grad Degree:	7.6%

Number of Children

Total Sample:	Mean:	2.5
	0:	1
	1:	85
	2:	168
	3:	128
	4:	44
	5+:	30

Number of Parents with Children with Special Needs: **71**

Covered by Health Insurance?

Total Sample:	Parent:	67.3%
	Child:	77.9%
English:	Parent:	78.0%
	Child:	84.0%
Spanish:	Parent:	50.6%
	Child:	67.9%

Childcare Situation

Parents were asked how they currently care for their children, what the primary barriers are to accessing childcare, and how much they spend per month on child care. Significant findings are presented below:

- Parents who used childcare reported that they most frequently chose licensed daycare centers (32%) or adult family members (29%) to provide care. English-version respondents were 4 times more likely to choose a licensed center over a friend or neighbor, whereas Spanish-version respondents were equally likely to choose either option and twice as likely to choose an adult family member.
- Cost was the single greatest barrier to accessing care for the whole sample and every subgroup. The next most frequent barriers were lack of available space, hours of operation, and location.
- Parents of children with special needs reported that lack of providers with training to care for their special needs was a significant barrier, second only to cost, although it is likely these two factors are highly associated.
- The average monthly cost for childcare was \$331 for the entire sample, with roughly 13% of those who responded to this item indicating that they pay more than \$500 per month, and 4% paying more than \$800 per month.

Service Need Rankings

Parents were asked to rank how important they felt each of the following service needs was to them. Relative rankings are displayed in rows for each subgroup, with 1 representing the most important and 8 representing the least.

Service Needs								
	Childcare	Health Care	Transportation	Dental Health	Parent Education	Community Resources	Nutrition	Prenatal Care
Total Sample	1	2	3	4	5	6	7	8
English	1	2	4	5	6	3	7	8
Spanish	2	1	4	5	8	6	7	3
With Special Needs	1	1	1	5	8	7	4	6
Carpinteria	6	1	2	5	7	8	3	3
Cuyama	1	2	4	7	5	6	8	3
Goleta	3	8	1	6	5	6	4	2
Guadalupe	6	5	2	1	8	7	3	4
Lompoc	1	2	3	4	8	7	6	5
Los Alamos	5	1	2	6	7	4	8	3
Santa Barbara	4	2	1	6	5	6	8	3
Santa Maria	3	2	1	6	8	7	5	4
Santa Ynez	6	2	1	6	8	4	3	4



Attachment 5

Service Provider Summaries

Provider Survey Results

Overview of Provider Surveys

Provider surveys contained a series of questions asking providers to indicate their perceived needs, barriers, and strengths in each of six service areas: 1) Health Care, 2) Childcare, 3) Early Childhood Education, 4) Parent Education, 5) Children with Special Needs, and 6) Basic Needs.

Respondent Information

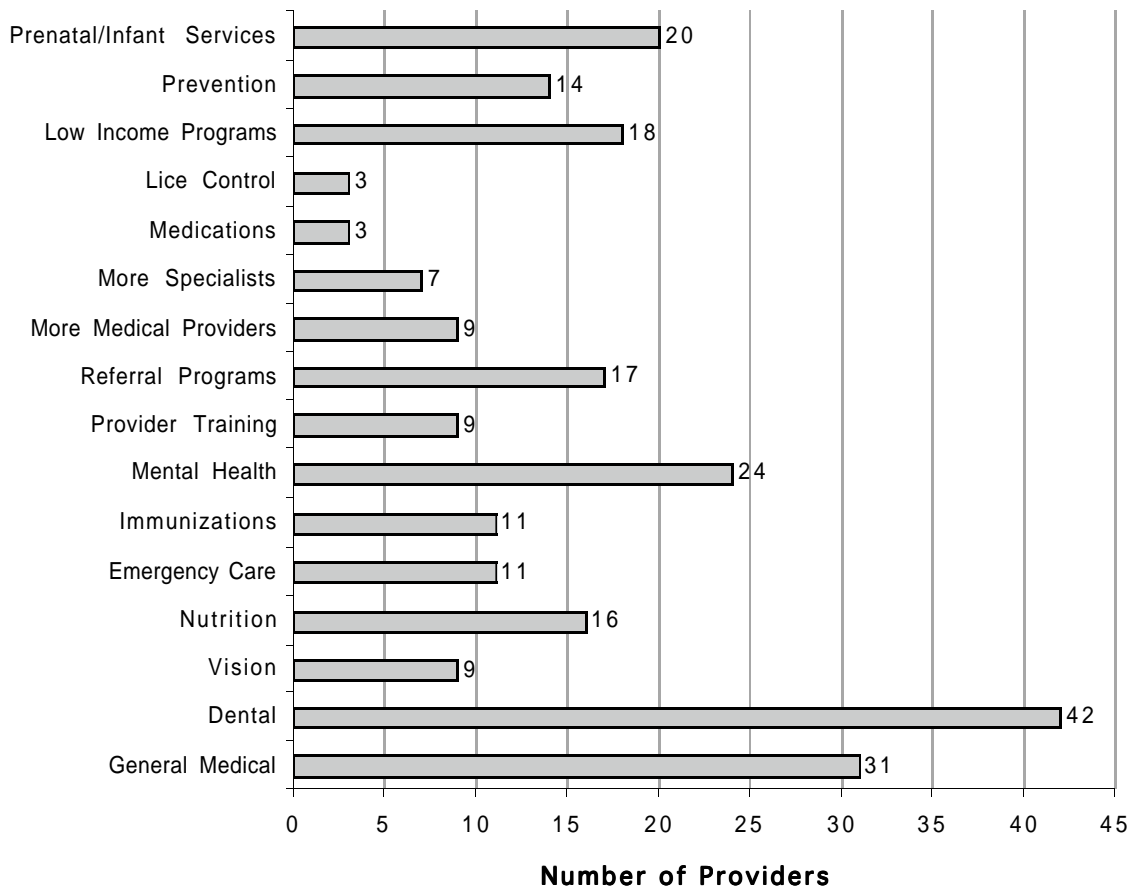
More than 1,000 surveys were distributed to county providers. A total of 83 were returned, of which one was illegible. Thus, these results are from 82 usable surveys. Providers who responded represented a diverse sample of public and private service agencies from every region of the county. Provider agencies included: social services, health care services, private health practitioners, public schools, public and private preschools and daycares, nonprofit organizations, and others.

The charts below indicate the number of providers (out of 82) who indicated specified needs related to each service area.

Health Care

- Dental care, general medical care, and mental health care emerged as the top health care needs.

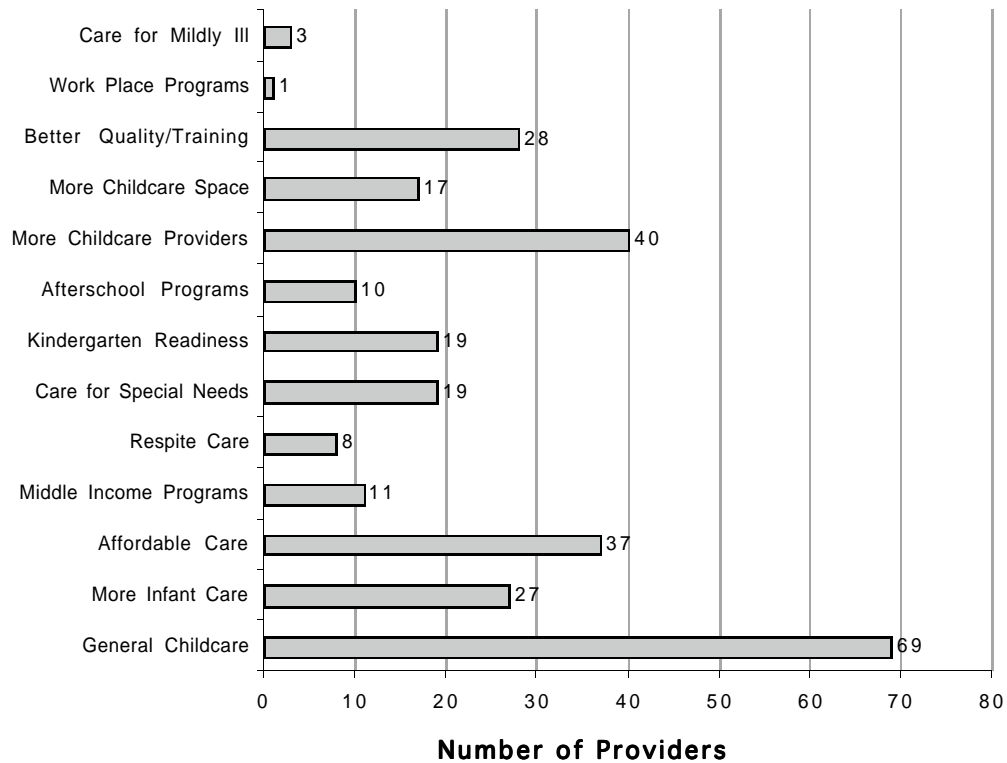
Health Care Service Needs Indicated by Providers



Childcare/Early Childhood Education

- Providers most frequently cited a general need for childcare, more childcare providers, and affordable care as the most pressing childcare needs.

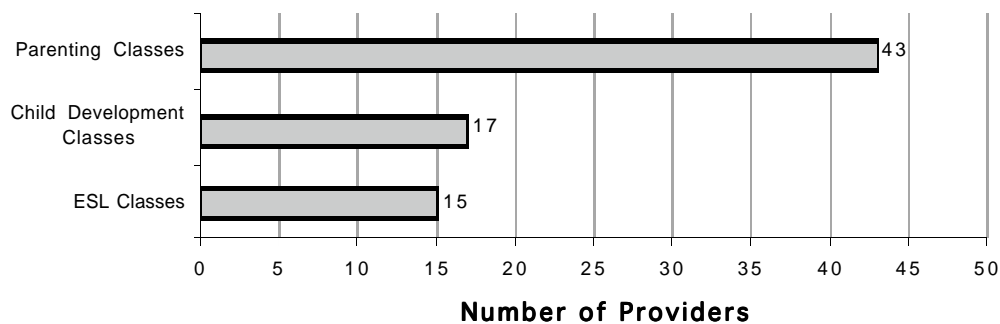
Childcare Service Needs Indicated by Providers



Health Care

- Providers identified parenting classes as the most needed parent education need. They also frequently cited lack of childcare as a primary barrier for not attending parent/adult education classes.

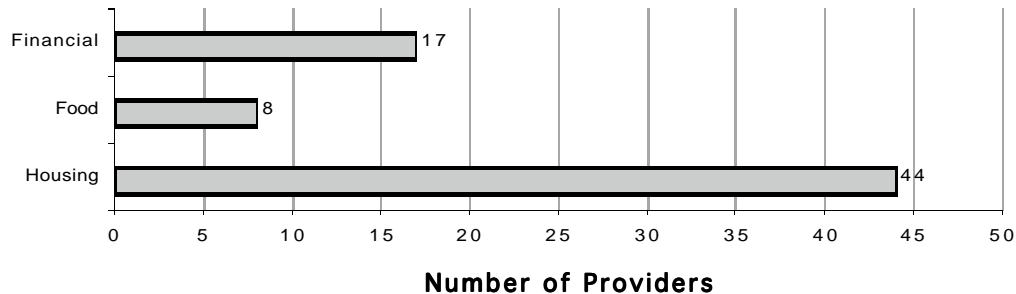
Parent Education Needs Indicated by Providers



Basic Needs

- Housing was clearly the most frequently cited unmet basic need.

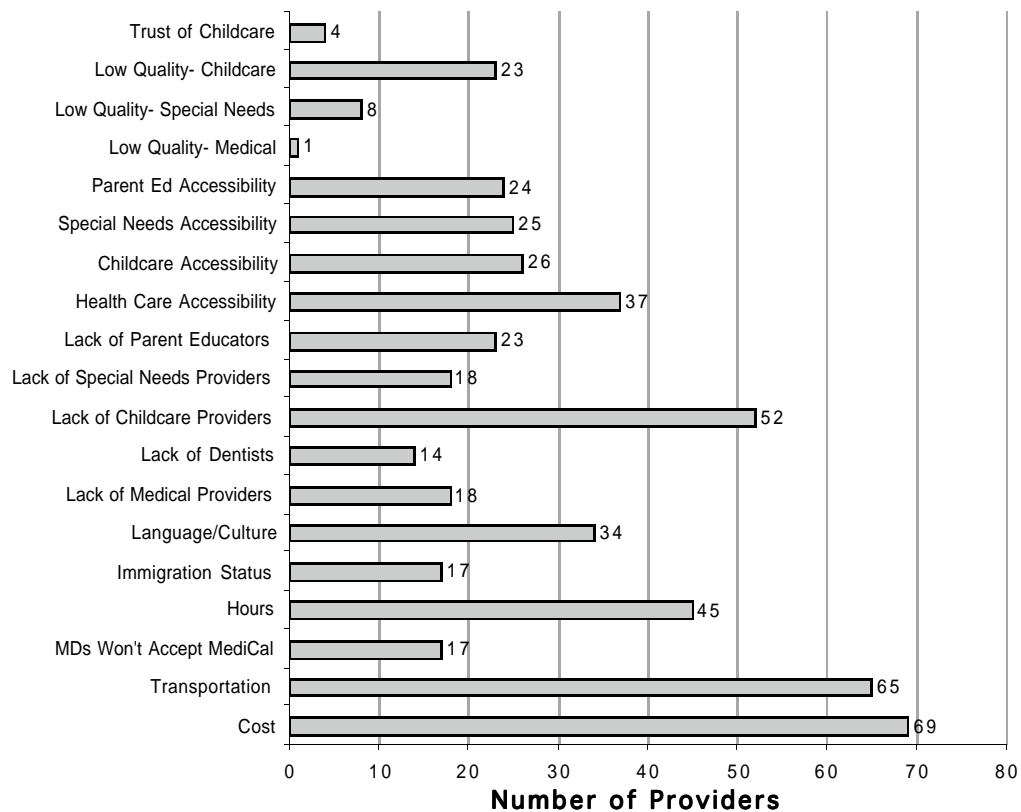
Basic Needs Indicated by Providers



Service Barriers

- The most frequently cited barriers to accessing services included a) cost and/or lack of insurance, b) transportation/location of services, c) lack of childcare providers, d) hours of operation/schedule conflicts, e) difficulty accessing the health care system (i.e., lack of information and/or too much paperwork), and f) language/cultural differences.

Service Barriers Indicated by Providers



Existing Strengths

- Providers were also asked to indicate areas of strength in existing services. As is indicated, providers most identified specific exemplar programs, as well as programs in general, quality of staff, and caring providers, as existing strengths.

